

**CHALLENGES AND NEEDS OF LEARNERS WITH DISABILITIES IN AN INCLUSIVE
INSTITUTION OF HIGHER EDUCATION IN THE LIMPOPO PROVINCE
OF SOUTH AFRICA**

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DECLARATION

I hereby declare that this thesis titled: **“Challenges and needs of learners with disabilities in an inclusive institution of higher education in the Limpopo province of South Africa”** is my own work. All citations and sources used have been duly acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.



28 February 2013

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CHALLENGES AND NEEDS OF LEARNERS WITH DISABILITIES IN AN INCLUSIVE INSTITUTION OF HIGHER EDUCATION IN THE LIMPOPO PROVINCE OF SOUTH AFRICA

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ABSTRACT

Learners with disabilities do not only incur various challenges in their learning encounters, but their presence also places many demands on Institutions of Higher Education (IHE). The purpose of this study was to investigate the challenges and needs of learners with disabilities in an inclusive IHE and to use the findings to develop guidelines that will promote their accommodation in the learning environment.

The study employed a descriptive cross-sectional quantitative design where self-administered questionnaires were used to collect data. A total of 67 learners from different disability categories participated in the study. Data were analysed using the Statistical Package for the Social Sciences (SPSS) version 19. Among the participants 50.7% were males, 41.8% were mobility impaired and 29.9% were visually impaired.

While almost two-thirds (64.2%) of the participants indicated that they were born with the condition, 27.3% said they required regular medical attention and 9.0% indicated they needed assistance in performing their daily routine work.

With regard to challenges facing the participants, 64.1% said lecturers were not flexible in their teaching methods, and 68.8% said lecturers did not make follow-ups on them when they failed to cope academically. Among this group of learners almost 3 in 4 (74.6%) participants repeated their courses at least once. In addition, whilst 43.8% indicated that the physical environment constituted a great barrier to their learning, 53.8% said they were vulnerable to abuses and dangers. The participants rated sanitation and extra-curricular programmes as the poorest.

The study established that there were significant ($p=0.007$) relationship between blindness status and failure rate, and also between type of secondary school (special or regular) attended and the ability to cope with the demands of tertiary education ($p=0.004$).

These findings suggest that there are a number of challenges that tend to exclude and marginalise learners with disabilities in IHEs. The study, therefore, recommended that the Department of Higher Education and Training (DoHET) must make it mandatory for all IHEs to develop and implement inclusive institutional policies that will remove academic and social barriers in IHEs in line with the Social Model of Disability.

KEY CONCEPTS

Challenges, needs, learners, disability, impairment, inclusive education, institution of higher education.

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Dedication

*This work is dedicated to Peggy, Kwame, the late John Barret and my
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List of abbreviations

ACPF	African Child Policy Forum
AYAC	Australian Youth Affairs Coalition
BRIANHE	Best Resources for Achievement and Intervention Neuro-diversity in Higher Education
CCL	Connections for Community Leadership
CHETL	Council on Higher Education, Teaching and Learning
DoE	Department of Education
DoHET	Department of Higher Education and Training
FET	Further Education and Training
FOTIM	Foundation of Tertiary Institutions of the Northern Metropolis
GDP	Gross Domestic Product
HEDSA	Higher Education Disability Services Association
HEQF	Higher Education Qualification Framework
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
ICF	International Classification of Functioning, Disability and Health
ICIDH	International Classification of Impairments, Disabilities. and Handicaps
IHE	Institution of Higher Education
ILO	International Labour Organisation
KENPRO	Kenya Projects Organization
LSM	Learner Support Materials
MDG	Millennium Development Goals
SAHRC	South African Human Rights Commission
SASA	South African Schools Act
SASSA	South African Social Security Agency
SPSS	Statistical Package for the Social Sciences
SRC	Student Representative Council
Stats SA	Statistics South Africa
UDU	University of Venda Disability Unit
UK	United Kingdom

List of abbreviations

UKDPC	United Kingdom Disabled Peoples' Council
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNISA	University of South Africa
UNIVEN	University of Venda
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
US	United States
USA	United States of America
WHO	World Health Organization
WHODAS	World Health Organization Disability Assessment Schedule

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| Annexure 2 | Ethical Clearance Certificate from the University of Venda |
| Annexure 3 | Permission to Conduct the Research: Director of Students Affairs |
| Annexure 4 | Informed Consent: Respondents |
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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Higher education boosts human capital development and leads to better employment and improved life outcomes, but for many people with disabilities, higher education remains a dream (Bremer, Timmons & Johnson 2007:3). Learners with disabilities do not only incur various challenges in their learning encounters, but their presence also places a heavy burden and demand on institutions of higher education (IHE) that practice an inclusive education system. The current study was undertaken in the light of this endeavour.

This chapter introduces the study by providing an overview of the entire thesis report. It begins with the discussion of the background to the study, followed by the research problem, the aim, study objectives, significance as well as definitions of key concepts used in this study. The chapter also highlights the foundation of the study, the research design and method used as well as the scope of the study. This chapter concludes with an outline of all the chapters that are presented in this thesis report.

1.2 BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM

1.2.1 The source of the research problem

According to the Green Paper on education, many children and adults with disabilities have historically been excluded from mainstream education opportunities, and as such, learners with disabilities in IHEs in South Africa face many challenges (South Africa (Republic). Department of Higher Education and Training (DoHET) 2012:7). Before April 1994, the provision of education for learners with disabilities has been shaped by the realities of the past socio-economic policies of the then apartheid regime which denied access to educational opportunities to marginalized groups, including people with disabilities (Dube 2005:13; South Africa (Republic). DoHET 2012:7).

Notably, early efforts at providing education or training for learners with disabilities were through separate special schools, usually targeting specific impairments, such as the school for the blind or deaf. According to the World Health Organization (WHO 2011:205), special schools failed to meet the demands and needs of all learners with various forms of disabilities. This situation began to change only when legislations started to require learners with disabilities to receive education in an inclusive environment (WHO 2011:205). In South Africa, the relevant legislation was the South African Schools Act (SASA) No. 84 of 1996 which aimed at transforming the public education system and make it open to all learners with or without disabilities. Sections 5(1) and 6 of chapter 2 of the SASA No. 84 of 1996 emphatically states that:

- “public schools must admit learners and serve their educational requirements without unfair discrimination in any way”
- “in determining the placement of a learner with special educational needs (learners with disabilities), the Head of Department and the principal must take into account the rights and wishes of the parents of such learner” (South Africa (Republic). Department of Education (DoE) 1996:4).

On implementing the above described sections of the Act in a rural Further Education and Training (FET) institution where the researcher was an educator and a school principal between 1996 and 2008, a number of learners with mild to moderate disabilities were admitted. During this period, the researcher observed that many of the learners with disabilities had challenges as a result of the institution’s inability to meet their individual disability needs. In the institution, nothing was done about the stairs, doorways, toilets, sitting arrangements, classroom setups let alone the educators who were not even trained to handle learners with such special needs. As a result, the attrition and failure rates among this group of learners were very high as compared with those without disabilities. In addition, the researcher noted with concern that learners with disabilities in his institution (FET) were failing to meet their educational outcomes and expectation. This was how the researcher’s interest in disability study initially started to grow.

The need to undertake this study became more profound when the researcher was later appointed as a lecturer in 2010 at a historically disadvantaged IHE. At the institution, the

researcher found the learning conditions and environment similar to what he had experienced and observed in his former FET institution where he was an educator and a school principal.

1.2.2 The background to the research problem

Even though many proactive disability enactments have contributed to the increasing enrolment of learners with disabilities in IHEs, these learners constantly face various challenges and barriers in their educational environment (Paul 2000:209; Fuller, Healey, Bradley & Hall 2004:303; Lawson, Werth, Dunn & Abadie 2008:2).

According to Bremer et al (2007:3), post-secondary education leads to a better employment and improved life outcomes, but for many people with disabilities, higher education remains a dream which is not achievable. In the United States of America (USA), the Rehabilitation Research and Training Center on Disability Demographics and Statistics (2005:1) stated that a proportion of 12.6% individuals reported having a disability and 3.0% of individuals within a working age group (i.e. between 21-64 years) reported having a sensory disability (5 074 000 out of the base population of 169 765 000). Among this group, Bremer et al (2007:3) state that though 2 425 000 out of 5 074 000 (47.8%) reported being employed 24.8% had less than a high school education, and only 34.5% had no more than a high school diploma or equivalent. For their non-disabled counterparts, only 11.5% had less than high school education and 27.9% had no more than a high school diploma or equivalent (Bremer et al 2007:3).

The above disparity in educational access and attainment between learners with and without disabilities implies that there are challenges which militate more against learners with disabilities than their non-disabled counterparts. Although Shakespeare (2006:56, 64) concurs with this, he further points out that as far as learning needs are concerned, it is invidious to treat disabled learners as a separate category; rather, they fall along a continuum of learner differences and share similar challenges and difficulties with varying degrees of severity. This inequality and marginalisation of learners with disabilities do not pertain to academic issues alone, but it is also experienced when it comes to making provision for extra-curricular activities and participation thereof by learners with disabilities. Sachs and Schreur (2011:2) in their study report that learners

with disabilities invested more time to meet the demands of their studies but participated in fewer social and extra-curricular activities.

In South Africa, learners with disabilities have been identified in various governmental policy documents as being historically disadvantaged and deserving of special attention (Foundation of Tertiary Institutions of the Northern Metropolis (FOTIM) 2011:10). For this reason, many post-apartheid acts and policies were adopted to promote the rights of people with disabilities. Despite these moves the majority of learners with disabilities continue to experience discrimination in the post-school education and training sector (South Africa (Republic). DoHE 2012:8). This claim had earlier on been alluded to by the Minister of Higher Education and Training, Dr Blade Nzimande in his address at a gala dinner held at the University of the Free State in 2010 by the Higher Education Disability Services Association (HEDSA). He states:

- “discrimination against people with disabilities does continue in South Africa, and as a result exists in universities”
- “as far as disability is concerned, there seems to be a general recognition that there has been limited progress made in addressing the needs of disabled, both in terms of the physical infrastructure, as well as educational support structures” (South Africa (Republic). DoE 2010:3).

According to FOTIM (2011:17), IHEs in the country have embarked on mainstreaming and inclusion of learners with disabilities without any concrete national guidelines from the Department of Education. FOTIM (2011:17) argues that these developments and transformation failed in a number of ways in addressing issues of access, retention and participation of learners with disabilities. The reason for this is not farfetched. Oduntan (2004:3) and FOTIM (2011:17) opined that IHEs are not built purposely for any category of learners with disabilities unless special adjustments are made to accommodate them. Brunton and Gibson (2009:6-7) are of the view that challenges and needs of learners with disabilities must be perceived as a multi-dimensional issue that places a heavy demand on both the learner to cope and the IHE to make ‘reasonable adjustments’ in the learning environment in order to accommodate all categories of learners.

Disability is not a medical condition that requires medical attention only; but it has social, economic, educational and other implications and consequences emanating from

it. According to the South African Human Rights Commission (SAHRC 2002:5) and the WHO (2011:xxi), people with disabilities experience unfair treatment and denial when it comes to equal access to health care, employment, services, education, or political participation. The Tanzania Commission for AIDS (2009:9) further explains that most people with disabilities live in rural rather than urban locations, they are the poorest, least educated and most stigmatised of all the world's citizens. Above all, people with disabilities are always at the receiving end of violence, crime, abuse, prejudice and exploitation (World Bank 2005:1).

Poverty and disability are inextricably linked and form a vicious cycle (World Bank (2005:5; Marriott & Gooding 2007:9). According to the World Bank (2005:1), poverty can contribute to increases in disabilities among individuals from birth to old age; and after the onset of disability, barriers to health, rehabilitation services, education, employment and other aspects of economic and social life, can trap individuals in a life-long cycle of poverty. This is illustrated diagrammatically in Figures 1.1(a) and 1.1(b) below where it is depicted that disability can lead to educational exclusion and poverty.

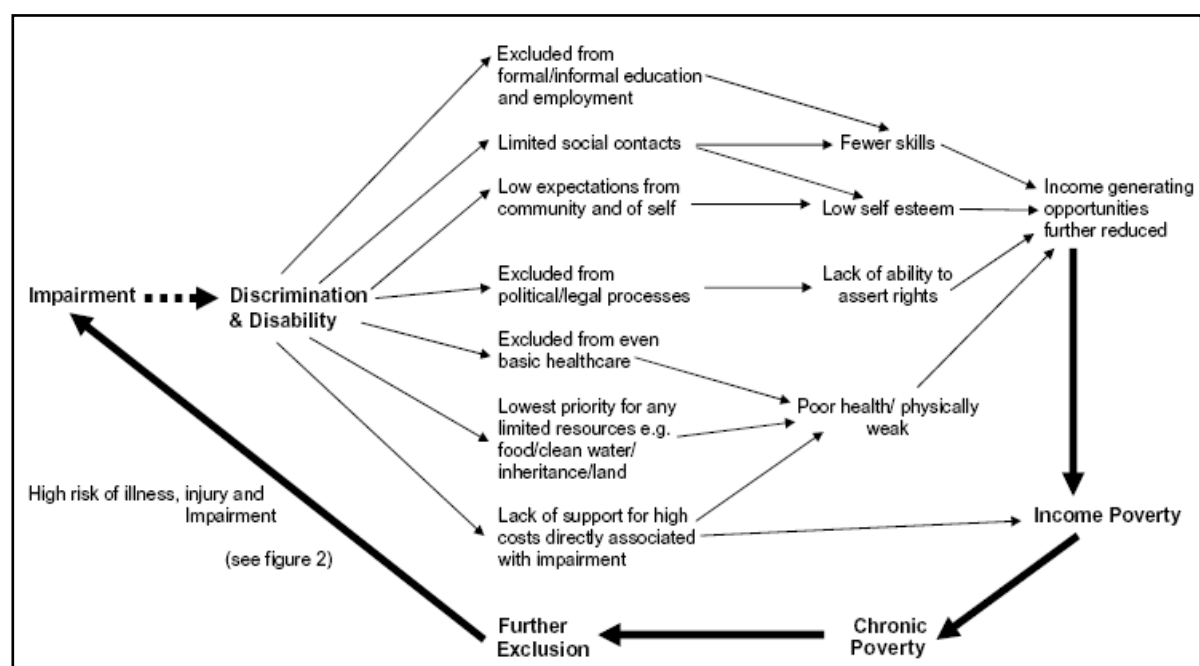


Figure 1.1 (a): Disability and poverty cycle I showing how persons with disabilities are more likely to become poor

(Source: Yeo & Moore 2003 cited in World Bank 2005:6)

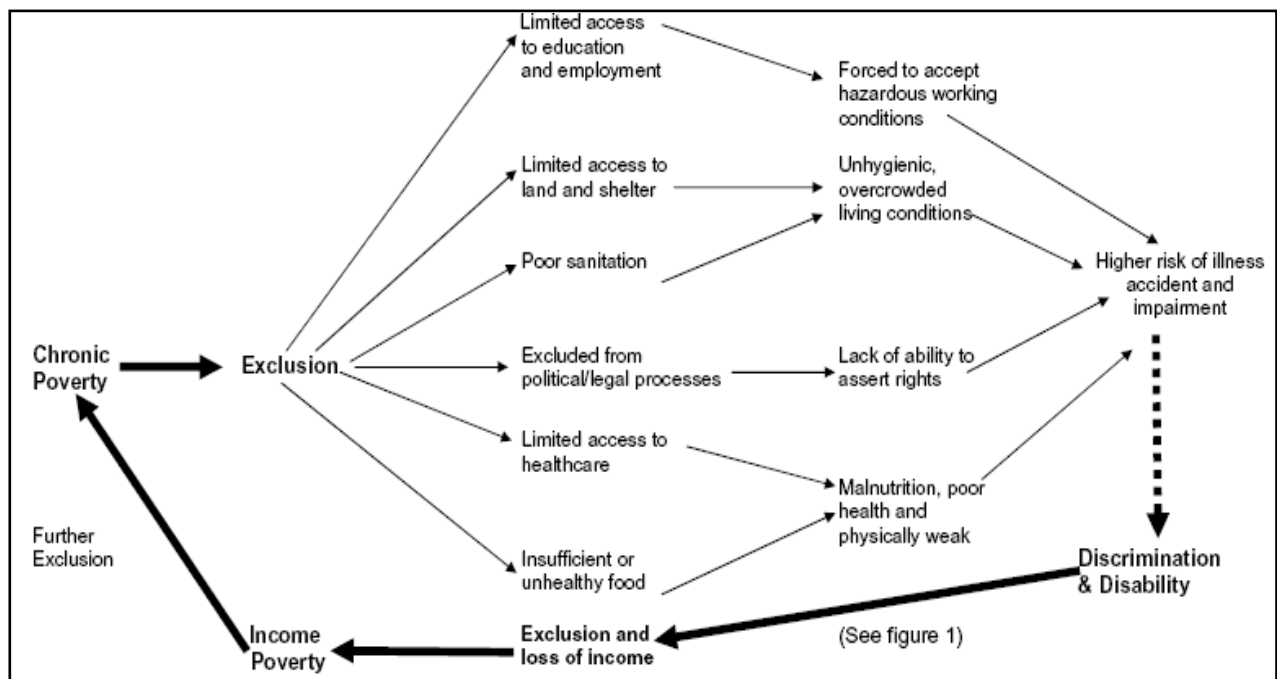


Figure 1.1 (b): Disability and poverty cycle II showing how the poor are more likely to risk becoming disabled

(Source: Yeo & Moore 2003 cited in World Bank 2005:6)

Since poverty is also regarded as a cause and a consequence of a disability (African Child Policy Forum (ACPF) 2011a:5), the world cannot afford to overlook pertinent issues that affect learners with disabilities in IHEs. Marriott and Gooding (2007:9) are of the view that since there is a close link between poverty and disability, people with disabilities must be included in all poverty alleviation initiatives and empowerment.

The World Bank (2005:i) views disability as a developmental theme that cuts across key mission and corporate goals of its business, and part of its agenda includes poverty reduction, economic growth, and reaching the Millennium Development Goals (MDG) by 2015. Two of the eight pillars of MDG (World Bank 2005:1) are poverty eradication and universal primary education by 2015, and this cannot be accomplished without ensuring social inclusion that involves people with disabilities in every aspect of social life, including education.

In South Africa, poverty is a huge challenge. According to Masie (2012:1), the National Planning Commission headed by the then Finance Minister, Trevor Manuel identified poor education and poor infrastructure being among the major contributing factors to poverty in South Africa. For learners with disabilities, these two factors have far

reaching implication for them. Disability needs not be an obstacle to success but regrettably, many sources (Fuller et al 2004:303; Lawson et al 2008:2; WHO 2011:ix) acknowledge that learners with disabilities constantly face various challenges and barriers in their educational environment. It is against this background that the study was undertaken.

1.3 RESEARCH PROBLEM

Learners with disabilities require special academic, social and support to meet the challenges that emanate from their disability and the learning environment. In South Africa, though a number of IHEs including the University of Venda (UNIVEN) have opened their doors to accommodate learners with disabilities, this category of learners are grossly under-represented. In 2010, the Department of Education (South Africa (Republic). DoE 2010:3) stated that:

“the lack of access for disabled to higher education is indicated by the fact that, in 2007, there were only 4 325 learners with disabilities in higher education, representing 0.6% of the total headcount enrolments for higher education.”

UNIVEN is a historically disadvantaged rural IHE situated in Thohoyandou which was the former administrative capital town of the then homeland of Venda. In 2004, UNIVEN enrolled 90 learners with disabilities (Figure 1.2), and by the year 2008, this figure rose dramatically to 226. Thereafter, UNIVEN started experiencing a steady decline in the enrollment intake of learners with disabilities despite the South African government's pro-disability policies on inclusive education and the removal of barriers to learning for learners with disabilities. This scenario is clearly depicted in Figure 1.2.

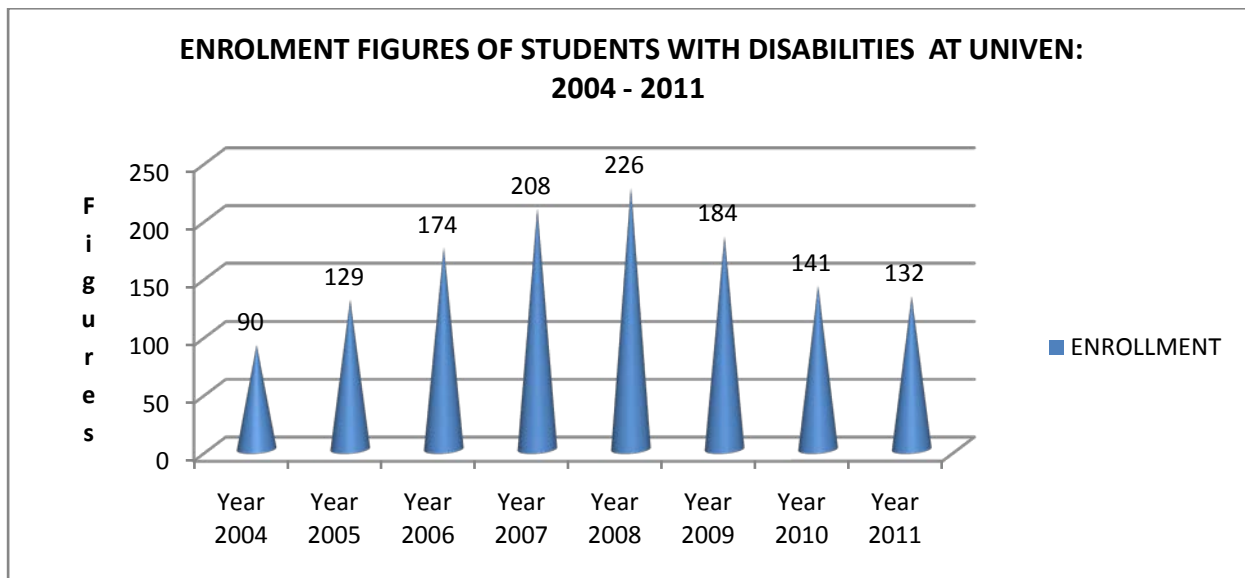


Figure1.2: Enrolment trend of learners with disabilities at the University of Venda
(Source: University of Venda Disability Unit (UDU) Statistics 2010:1)

The decline in the enrolment of learners with disabilities as depicted in Figure 1.2 was similar to what the researcher experienced when he was an educator and a school principal at an FET institution. His concern is that if this attrition or decline in the enrolment of learners with disabilities is allowed to go on then in the near future, this group of learners will become “endangered species” in the institution. The researcher, therefore, views this decline in a serious light. It is against this background that the study seeks to investigate the challenges and needs of this group of learners at UNIVEN.

1.4 AIM OF THE STUDY

1.4.1 Research purpose

The purpose of this study was to develop guidelines that would promote the appropriate accommodation of learners with disabilities at UNIVEN. Such guidelines would also address the health, safety and security challenges and needs of learners with disabilities at UNIVEN, and ultimately promote their well-being through the provision of an enabling and conducive learning and social environment at UNIVEN.

1.4.2 Research objectives

The objectives of this study were to:

- Describe the socio-demographic characteristics of learners with disabilities enrolled at UNIVEN.
- Determine the relationship between the academic performance of learners with disabilities and their disability status and nature at UNIVEN.
- Investigate the challenges of learners with disabilities based on their experiences at UNIVEN.
- Assess the health, safety and security needs of learners with disabilities at UNIVEN.
- Conduct an inspection of the nature and status of environmental and physical infrastructures available and used by learners with disabilities at UNIVEN.
- Develop guidelines based on the findings of the study.

1.5 SIGNIFICANCE OF THE STUDY

It is envisaged that the findings of this study would lead to the development of guidelines that would address the health, safety and security needs of learners with disabilities at UNIVEN. Furthermore the developed guidelines would ensure that the needs and expectations of learners with disabilities at UNIVEN are appropriately met in the learning environment of IHEs. These guidelines will contribute significantly to the existing body of knowledge pertaining to the appropriate accommodation of learners with disabilities in institutions of higher education and within society in general. The proposed guidelines would also enhance compliance to legislations, such as:

- Section 5(1) of the SASSA which states that public school must admit learners and serve their educational requirements without unfairly discriminating in any way (South Africa (Republic). DoE 1996:2)
- the Promotion of Equality and Prevention of Unfair Discrimination Act of 2000 which calls for the need to deal with prevention, prohibition and elimination of unfair discrimination on the ground of disability, including denying or removing

from any person who has a disability any supporting or enabling facility necessary for their functioning in society (Dube 2005:26).

IHEs may be guided by the guidelines developed in this study in formulating inclusive policies. By so doing, the quality of life of learners with disabilities will be enhanced and their academic performance and learning outcomes will be greatly improved. Furthermore, the results of the study will be of great significance to policy makers and government agencies in formulating proactive policies for inclusion of people with disabilities in other sectors of the society. According to WHO (2002:8), data on disability issues such as incidence and needs were scanty and unreliable. Hence, the findings and recommendations of this study will, therefore, enhance the available data on disability issues. Above all, the study will fill the important gaps in information needed to develop programmes on poverty alleviation and education which are identified as crucial among the eight pillars of the Millennium Developmental Goals.

1.6 DEFINITIONS OF KEY CONCEPTS

The key concepts used in this study are defined and explained in order to eliminate any ambiguities that may arise in the usage of the terms. Their conceptual and operational definitions are provided so as to provide clarity to the reader regarding the meaning conveyed by the key concepts.

1.6.1 Accommodation

The Human Rights Commission (2007:9) defines the term accommodation as a process for ensuring that all persons are treated equitably. For the purpose of this study, the term accommodation will refer to any reasonable and suitable adjustments, adaptations or modifications that are made for the convenience and inclusion of learners with disabilities in the learning environment.

1.6.2 Barriers

The Office of Disability Employment Policy (2013:1) refers to barriers as obstacles emanating from buildings, systems, employment, civic programs etc. However, in this

study, barriers will refer to all types of problems, challenges or obstacles experienced in learning institutions.

1.6.3 Challenges

The Chambers Dictionary (2006:252) refers to challenges as difficulties which stimulate interest or effort or tasks to test one's powers and capabilities to the full. In this study, challenges refer to the physical and emotional barriers or obstacles encountered by learners with disabilities during the process of their learning, social integration and environmental adjustments in the learning institution. In addition, challenges will be used interchangeably with barriers in this study.

1.6.4 Disability

Akinsola (2006:344) defines disability as: "any restriction or lack of (resulting from impairment) ability to perform an activity in the manner or within the range considered normal for a human being."

However, in the context of this study, disability refers to any restriction or limitation or challenges experienced as a result of having sensory, physical and emotional impairments but excluding psychiatric or mental impairment.

1.6.5 Encounter

The Chambers Dictionary (2006:252) refers to an encounter as something that is met in a contest or to come upon. In this study, the term encounter denotes experience of a situation or events as one comes across in the learning environment.

1.6.6 Guideline

A guideline is defined as an indication of the course that should be followed or of what future policy will be (Chambers Dictionary 2006:664). In this study, a guideline is a set of suggested rules or instructions that IHEs can use to facilitate the accommodation of learners with disabilities in the learning environment.

1.6.7 Impairment

The WHO (2011:305) refers to impairment as a loss or abnormality in a body structure or physiological function including mental function. In this study, impairment refers to any defect of psychological, physiological, or anatomical nature that a learner possesses or acquired.

1.6.8 Inclusive education

Inclusive education refers to the placement strategy that integrates general and special education learners with the goal of instructing all learners regardless of the type of disability or level of severity in their neighborhood school, in general classroom (Ikujuni 2006:164; Distance Education Programme 2008:1). In this study the term inclusive education system refers to educational system where learners with disabilities learn with their non-disabled counterparts in a public educational environment without any form of exclusion from any academic programmes.

1.6.9 Institution of Higher Education

According to the South Africa (Republic). DoHET (2012:1), institution of higher education refers to the place where higher educational qualifications are offered in line with the Higher Education Qualification Framework (HEQF). In this context, an institution of higher education refers to the University of Venda that offers higher education courses and programmes.

1.6.10 Learner

The South Africa (Republic). DoE (1996:vii) defined a learner in the South African Schools Act No. 84 of 1996 as any person receiving education or obliged to receive education. However, in this study, a learner refers to any registered person receiving education at the University of Venda.

1.6.11 Tertiary institution

The term tertiary institution refers to educational institution that is ranked above secondary education (Chambers Dictionary 2006:1581). In this study the term is used synonymously with institution of higher education.

1.6.12 Learners with disabilities

Ikujuni (2006:165) refers to learners with disabilities as learners who manifest significant difficulty in the acquisition of basic skills in school subjects. This study refers to learners with disabilities as learners who require special educational needs, studying at the University of Venda. In other words, these are the registered learners at the institution whose prospects and propensity to study at the institution are substantially reduced as a result of their impairment.

1.6.13 Need

A need refers to a desire or wants (Carr, Unwin & Pless-Mulloni 2007:114). In this study, needs refer to all forms of support that learners with disabilities will require to enhance their learning in the IHE environment.

1.7 FOUNDATION OF THE STUDY

1.7.1 Researcher's assumptions

To put this study in a proper context, the researcher made a number of assumptions that underpin the current study. Assumptions are basic principles that are assumed to be true, without proof or verification (Brink 2008:25; University of South Africa (UNISA) Department of Health Studies 2012). These assumptions provide a point of departure for the research and are given below.

1.7.1.1 Framework assumptions

A framework of a research study helps the researcher to organise the study and provides a context in which he/she examines a problem and gathers and analyses data

(Brink 2008:24). For this reason, the researcher assumed that the following frameworks would be appropriate for this study:

1.7.1.1.1 Conceptual framework assumption

Since the study seeks to investigate the challenges and needs of learners with disabilities at UNIVEN, guidelines would be needed to channel institutions in their quest to accommodate learners with disabilities in the learning environment. Based on this premise, the researcher assumed that a conceptual framework would be used alongside with a theoretical framework on disability to develop the guidelines. According to Brink (2008:24), a conceptual framework is a framework that the researcher has developed through identifying and defining concepts and proposing relationships between these concepts. It, therefore, aligns the key concepts as well as the related constructs of the study and reflects a philosophical stance of the researcher (Henning, Rensburg & Smit 2004:26; Burns & Grove 2009:693).

Key concepts under the conceptual framework applicable to the phenomenon of interest in this study have been adopted from a survey list used by Moleki (2008:162). The list included the purpose or terminus, agent, recipient, framework (context), dynamics and procedure. These concepts are defined in section 7.4 of chapter 7.

1.7.1.1.2 Theoretical framework assumption

According to Brink (2008:24), a theoretical framework is based on propositional statements resulting from an existing theory. The main theoretical assumption that is assumed to be appropriate for this study is the Social Model of Disability. This model will be discussed with other relevant models in an educational setting in chapter 3 of the current study.

1.7.1.1.3 Legislative and policy framework assumptions

The researcher is guided by the premise that disability is a Human Rights issue supported nationally and globally by conventions, policies and legislations such as:

- The United Nations Conventions on the Rights of Persons with Disabilities (UNCRPD) purports to promote, protect and ensure equal enjoyment of all human rights (including the right to education) and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.
- The South African Constitution Act of 1996 was promulgated with the Bill of Rights to guarantee the fundamental rights of all citizens to education, health, fair labour practices, etc.
- Education White Paper No. 6 on special needs education and building an inclusive education and training system purport to ensure that educational institutions make reasonable adjustments to accommodate learners with special educational needs.

Some of these policies and legislations are discussed in detail in chapter 2 of the current study.

1.7.1.2 *Rhetoric assumption*

Rhetoric assumption refers to the language of research which must be clearly defined (Creswell 2007:17). In this study, the terms and concepts used were explained and defined in accordance with the dictionary definition as well as the standard definitions used by experts in the field (see section 1.6 of chapter 1 and section 7 of chapter 7).

1.7.2 Theoretical framework of disability

1.7.2.1 *Social Model of Disability*

The Social Model of Disability was used as the main theoretical framework for this study which focuses on learners with disabilities at the UNIVEN. However, besides this model, the researcher examined other complementary models such as the Inclusive Model of Education and the Huitt's Transactional Model of Teaching and Learning in order to put this study in the context of education.

The Social Model of Disability conceptualises disability as a consequence of environmental, social and attitudinal barriers that prevent people with impairments from

maximum participation in society. The Connections for Community Leadership (CCL 2007:2) states that under the Social Model:

- “disability is the product of the physical, organisational and attitudinal barriers present within society which lead to discrimination and stigmatisation.”
- “disabled people must be an integral part of the economic, environmental and cultural society.”
- “removal of discrimination requires a change of approach and thinking in the way in which society is organized.”

In a nutshell, the Social Model of Disability focuses on social factors that impact on a person’s impairment which results in excluding them from participating equally in all spheres of life, including education. Ransom (2009:11) argues that:

“Barriers to access and participation, physical and attitudinal, are not the fault of an individual but of society. Hence in Social Model, the problem of disability is located in society – people are disabled by society’s attitudes, exclusion and denial of rights.”

Based on this assertion, Morris (2000:24) cited Oliver (1992:101) as saying that disability cannot be abstracted from the social world which produces it. This implies that disability is a product of society and it is a society’s responsibility to own it and tackle the challenges and needs of people with disabilities. Furthermore, the model has been influential in supporting the notions of independent living, mainstreaming and requires the society to make ‘reasonable adjustments’ to accommodate people with disabilities (Williams, Copestake, Everley & Stafford 2008:11).

In the educational context, factors such as the learning environment, infrastructure, curriculum, social life, institutional culture and practices are critical issues that can be challenging for learners with disabilities. On the strength of the Social Model of Disability, these factors in the social and learning environment need to be examined.

The Social Model has become the corner stone of the Human Rights approach to disability leading to progressive policies and legislations. The various dimensions of this

approach are special education and inclusive education which are pivotal in supporting access, equity and integration of learners with disabilities at IHEs (Distance Education Programme 2008:23; FOTIM 2011:22). In addition to the Social Model, the researcher explored the Inclusive Education Model as well as the Huitt's Transactional Model of Teaching and Learning. Whilst the Inclusive Education Model views the whole education system as a problem to the learner, the Huitt's Transactional Model of Teaching and Learning focuses on the dynamics involved in creating an enabling classroom environment for all categories of learners to learn. The details of these models are presented in chapter 3 of the current study.

1.8 RESEARCH DESIGN AND METHOD

Mouton (2009:107) defines research design as a set of guidelines and instructions to be followed in addressing the research problem. Research method refers to the means required to execute a certain stage (methods of definition, sampling, measurement, data-collection and data-analysis) in the research process (Mouton 2009:36). In other words, research design and method describe the strategies used to carry out the entire study in order to achieve the set objectives.

1.8.1 Research design

The purpose of this research was to investigate the challenges and needs of learners with disabilities at the UNIVEN and to use the findings to develop guidelines that would promote the appropriate accommodation, address the challenges and meet the needs of these learners in the learning environment. To accomplish this purpose, an exploratory, descriptive and analytical design was used. This design was suitable to solicit information from the study subjects because the study variables were measureable and quantifiable. A detailed description of the research design and methods used in this study are presented in chapter 4 of this report.

1.8.2 Study setting

The study was conducted at the UNIVEN campus which is located at Thohoyandou, the Vhembe District capital in the Limpopo province. UNIVEN is an inclusive IHE where both learners with and without disabilities have an open access to pursuing their post-

secondary studies. Detailed account of the study setting is provided in chapter 4 of this report.

1.8.3 Study population

The target population for this study comprised of all learners with disabilities who were enrolled for the academic year 2011 to study for various qualifications at UNIVEN. The learners had different types of disabilities. Chapter 4 of this report provides a detailed account of the target population and the study sample.

1.8.4 Data collection procedure

A self-administered questionnaire was used to collect data on the challenges and needs of the learners with disabilities at the UNIVEN. The instrument was structured with some open-ended questions to enhance the richness of data collected. Details relating to data gathering procedure and tool are described in chapter 4 of this report.

1.8.5 Data analysis

Data were analysed using the Statistical Package for the Social Sciences (SPSS) version 19 as well as the Microsoft Excel. The results of the analysis were presented using summary statistics including graphs and tables. A detailed account of the analysis done is presented in chapter 4 of this report.

1.9 SCOPE OF THE STUDY

This study was conducted among learners with disabilities from the UNIVEN, which is located in Vhembe district of the Limpopo province in South Africa. Though the focus was on one institution of higher education, the study investigated a wide range of issues affecting learners with disabilities pertaining to physical access, equity, health and safety in the learning environment. This study investigated the needs and challenges of learners with disabilities in areas such as the curriculum, teaching, learning and assessment methodologies, facilities, progression, support system etc. The aim was to develop guidelines to ensure that these learners are equally and appropriately

accommodated in the learning environment and to enable them to thrive by addressing their specific needs.

1.10 STRUCTURE OF THE THESIS

This report is presented in seven chapters and they are described as follows:

Chapter 1: Orientation of the study

The chapter gives an overview of the whole study covering the discussion of the background, the research problem, the aim, study objectives, significance, the definition of the key concepts used in the study, the foundation of the study, the research design and method used, the scope and the thesis layout.

Chapter 2: Literature review

This chapter, the literature review, covers a wide range of issues pertaining to disability and its impact on learners with disabilities. The chapter highlights the global approaches to disability in terms of human rights, policies and legislations that impact on people with disabilities. Literature on inclusive practices, encounters, challenges and needs of learners with disabilities in institutions of higher education across selected countries were also reviewed.

Chapter 3: Theoretical framework

This chapter discusses the theoretical framework that guided the study. Key domains of the Social Model of Disability and Inclusive Education Model as they impact on learners with disabilities are discussed and explained in the context of education.

Chapter 4: Research design and methods

The focus of this chapter was on the research approach and methodology used for the current study. It highlighted the design, the study population, the instruments and issues pertaining to validity, reliability, ethical consideration and data analysis.

Chapter 5: Data analysis

This chapter focuses on the analysis of the data gathered from the participants. The analyses include the presentation and the description of the research findings.

Chapter 6: Concluding remarks and recommendations

This chapter presents the discussion of findings that emerged from chapter 5. It also gives a set of recommendations on how various disability issues could be addressed at UNIVEN and in other IHEs.

Chapter 7: Guidelines for accommodation of learners with disabilities in IHEs

In this chapter, guidelines for the appropriate accommodation of learners with disabilities in IHEs were developed and presented.

1.11 CONCLUSION

This chapter gave an overview of the study on challenges and needs of learners with disabilities at UNIVEN. The chapter gave a general background of disability issues over the years and the purpose of the current study as well as the methodology followed in this study. It further described the conceptual framework around which the thesis revolved. Issues of disability within the context of human rights and inclusive educational approaches were also highlighted in this chapter.

The next chapter will present the findings of the literature reviewed which relate to the focus of the current study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter, the researcher presents a narrative of data-based literature. The subsections of this chapter discuss a brief outline of perceptions held about disability by society over a number of centuries, the global burden of disability and its impact. It also dwelled on issues of disability needs, barriers, access and equity in IHEs.

In addition, the chapter discusses the human rights approach adopted by the community of nations to address issues affecting people with disabilities. It highlights the key legislations and policies emanating from this approach that sought to change the global educational landscape. It also describes the global mobilisation efforts to crush the dominant culture of stereotyping disability and to give recognition to people with disabilities. Finally, this chapter also highlights the driving policies behind social and educational integration and inclusion of people with disabilities

2.2 THE CRUX AND REALITY OF DISABILITY

2.2.1 Historical brief on disability

From time immemorial, disability has been a phenomenon that incurred stigmatisation, discrimination, persecution, resentment, indignity and denial of human rights (United Kingdom Disabled Peoples' Council (UKDPC) 2011a:2). Historical Outline (2007:1) has documented that people with disabilities were not only ridiculed and viewed as people who are paying for their past sins (karmic justice), but were also perceived as witches and wizards. In many cultures today, a similar thinking still exists and is also reinforced by myths, legend, folklores and literature; even modern films, television programmes, children's comics and cartoons portray these negative stereotyping (Kenya Projects Organization (KENPRO) 2010:4). In fact, the most pervasive negative attitude is focusing on a person's disability rather than on an individual's abilities that give rise to

attitudinal barriers such as feeling of inferiority, pity, ignorance, stereotyping, denial and prejudice against people with disabilities (Office of Disability Employment Policy 2013:1).

Notwithstanding the negativities associated with disability, many talents have emerged from this vulnerable group. According to Aghilham (2009:4), great men and women who have contributed to the human advancement and have shaped and continued to positively change the course of world history can be found also amongst people with disabilities. Their impact and positive contributions have been acknowledged in the field of science, art, music, sports, medicine, politics etc. To emphasise this assertion, Aghilham (2009:5) posits that Albert Einstein, a great physicist and mathematician, had a learning disability but won the Nobel Prize in 1921 for his immense contribution to Physics. Franklin Roosevelt who suffered limited physical activity as a result of Polio disease excelled to become the 32nd president of the USA in 1932 (Aghilham 2009:5). This is an indictment that virtues and talents are not a monopoly of only able-bodied persons alone.

2.2.2 The World Health Organization's definition of disability, impairment and handicap

The International Classification of Impairments, Disabilities and Handicaps (ICIDH), developed in the 1970s, was issued by the World Health Organization in 1980 as a tool for the classification of the consequences of disease (as well as of injuries and other disorders) and of their implications for the lives of individuals (WHO 2011:v). Different consequences such as impairment, disability and handicap can emanate from disease or illness-related phenomena. Though the words "impairment," "disability," and "handicap," are often used interchangeably, they have different meanings which are important for understanding the effects of neurological/psychotic injury on development (Carter 2013:1).

According to WHO (1980:11), distinctions between these terms are necessary to facilitate policy development in response to the associated problems that might require medical services, rehabilitation facilities, and social welfare for affected people. To this end, WHO (1980:14) defined *impairments* as conditions concerned with abnormalities of body structure and appearance with organ or system function resulting from any cause;

disabilities as reflecting the consequences of impairment in terms of functional performance and activity by the individual or disturbances at the level of the person, and *handicaps* as conditions concerned with the disadvantages experienced by the individual as a result of impairments and disabilities.

As time went on, a new global move to place disability in the universally accepted context compelled WHO to develop the International Classification of Functioning, Disability and Health (ICF) for application to various aspects of health (WHO 2001:3). Furthermore, the WHO (2001:213) explained that disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an involvement in life situations (WHO 2001:213; Katzenellenbogen & Karim 2007:273).

The ICF's definition of disability and impairment focuses on what can impair on body function and structure, limit activity at the person's level of functioning and restrict participation at the societal level of functioning rather than the consequence of impairment (Katzenellenbogen & Karim 2007:273). At an IHE, challenges can emanate from all the three domains mentioned in the definition by the ICF.

Katzenellenbogen and Karim (2007:273) argued that an impairment of body function and structure is one level where difficulties can be experienced because a learner with a hearing loss may have problems with verbal instructions from his/her lecturer. In addition, the authors further stated that learner's execution of complex tasks as well as participating at societal level or group activity level with other non-disabled counterparts in an IHE can be a challenge (Katzenellenbogen & Karim 2007:273).

2.2.3 Causes of disability

Literature has asserted that disability can arise from many causes. Akinsola (2006:346) categorised the causes of disability into two broad groups as congenital (hereditary) and acquired etiological factors. ACPF(2011a:1) and the Disabled World (2010:1) reports have argued that other causes, such as natural disasters (e.g. floods, famine) and

human created conditions (e.g. wars, violence, accidents), equally contribute to the acquisition of disabilities.

Ransom (2009:15) posits that in Africa, armed conflict is a major and increasing cause of disability because it impacts on destabilisation of civilian lives, recruitment of child soldiers, destruction of infrastructure and means of production. According to ACPF(2011a:2) land mines largely contribute to physical disabilities in Africa; and in Angola, one in 470 people have had at least one limb amputated, and between 350 and 500 people become amputees every day due to injuries caused by landmines.

As explained in chapter one of this report, poverty plays a central figure in many areas of human endeavors, particularly in Africa. The World Bank (2005:1) and ACPF (2011a:5) regard poverty as both the cause and consequence of disability in Africa because of its propensity to marginalise and exclude disabled people socially, educationally and economically.

2.2.4 Burden of disability

2.2.4.1 Prevalence

Notably, the burden of disability gives a distribution of the phenomenon in a population as a whole. ACPF (2011a:7) argues that living with disability incurs a lot of stereotyping and negative perceptions; and due to the sensitivity of the phenomenon of disability, accurate prevalence figures are difficult to come by, especially in most developing countries.

In the latest Joint World Report on Disability released in June 2011 by the World Health Organization and the World Bank Group, WHO (2011:xi) states that:

“More than one billion people in the world live with some form of disability, of whom nearly 200 million experience considerable difficulties in functioning. In the years ahead, disability will be an even greater concern because its prevalence is on the rise.”

The above cited message is viewed as powerful and it deserves urgent attention because approximately 80 percent of the world's disabled population lives in developing countries (United Nations (UN) 2004:1). The distribution of moderate and severe disability across various age groups in the world population is shown in Table 2.1. In age groups below 60 years, Africa has the highest percentages of disability prevalence as compared with all regions globally (WHO 2011:30). The 6.4% and 19.1% disability prevalence estimates for all people in the age groups between 0-14 years and 15-59 years respectively in Africa, depict a gloomy picture for youths with disabilities whose future depends on rehabilitation, education and training in order to be productive and skilled.

Table 2.1: Global estimated prevalence of moderate and severe disability by age groups in the world's population

Sex/ age group	PERCENTAGE (%)							
	World	High Income countries	Low-income and middle income countries (WHO's Region)					
			Africa	Americas	S/E Asia	European	Eastern Mediterranean	Western Pacific
All people								
0–14 years	5.1	2.8	6.4	4.5	5.2	4.2	5.2	5.3
15–59 years	14.9	12.4	19.1	14.6	16.3	14.3	15.5	13.7
≥ 60 years	46.1	36.8	53.3	44.3	58.8	41.4	53.7	46.7

(Adapted from WHO 2011:30)

According to the WHO (2008:32), globally, there are 40 million cases of epilepsy, 42.7million blindness cases, and 275.7 million moderate hearing loss cases. In addition, there are some 29 million people living with bipolar affective disorder of which 2.7 million are in Africa. Disability prevalence rises strongly with age; and the average global prevalence of moderate and severe disability ranges from 5% in children aged between 0–14 years, to 15% in adults aged between 15–59 years (WHO 2008:34).

In South Africa, the 2001 census data revealed that there were 2 255 982 people (5% of South African population) with various forms of disability (Statistics South Africa (Stats SA) 2005:9). Among this group, prevalence of sight disability was the highest (32%)

followed by physical disability (30%), hearing disability (20%), emotional disability (16%), intellectual disability (12%) and communication disability (7%). Above all, about 30% of the disabled people had no education while only 13% of the non-disabled population fell in this category (Stats SA 2005:9). This creates a backlog in the accommodation of learners with disabilities in educational institutions.

2.2.4.2 Socio-economic ramifications of disability

There are social and economic consequences that emanate from disability. UN (2004:1) report stated that:

“People with disabilities often suffer from discrimination, because of prejudice or ignorance, and also may lack access to essential services. This is a ‘silent crisis’ which affects not only disabled persons themselves and their families, but also the economic and social development of the entire societies, where a significant reservoir of human potential often goes untapped.”

The above statement suggests that lack of education and skills can render most people with disabilities unproductive and dependent on their families and the state. Within the family setting, Saunders, Yuvisthi and Megan (2007:72) and Ransom (2009:15) argued that people with disabilities and their families often incur additional costs to achieve a standard of living equivalent to that of non-disabled people. Having a disability in a family places heavy demands on family resources because provisions have to be made towards health care services, assistive devices, costlier transportation options, heating, laundry services, special diets, or personal assistance (Ransom 2009:15).

In a survey conducted on children with disabilities in five African countries (Ethiopia, Cameroon, Senegal, Uganda and Zambia), ACPF (2011b:v) report revealed that 88% of caregivers were found to be unable to meet the basic needs of their children with disabilities; and in Ethiopia, 27% of parents of children with intellectual disabilities reported that they could not work because they needed to stay at home to care for their children. This enormously affected their earning potentials and created a vicious cycle of poverty within the families. Pathetically, conditions such as social isolation, emotional stress and stigmatisation associated with disability also impact negatively on the quality of lives of people with disabilities (Office of Disability Employment Policy 2013:1).

According to Marriott and Gooding (2007:51), social support programmes for people with disabilities pose a huge challenge to the limited resources of nations, especially poorer countries in Africa and other developing countries. In 2000, the United States Social Security spent about \$1.01 trillion on social welfare grants which included grants to the disabled (High Beam Research 2005:1). This figure in 2002 represented over 4% of Gross Domestic Product (GDP) that is, the monetary total of the domestic goods and services produced in the US (High Beam Research 2005:1). In respect of the Organisation for Economic Co-operation and Development (OECD) comprising of Australia, Canada, Germany and Ireland, WHO (2011:43) reports that an average of 1.2% of GDP is spent on contributory and non-contributory disability benefits, covering 6% of the working age population in 2007.

In South Africa (Ewers 2009:14), social welfare grants were originally introduced by the apartheid government to protect the living standards of white people, but over time, the benefits of social welfare grants were extended to other racial groups. The grants include the following:

- Grant for Older Persons
- Disability Grant
- War Veteran's Grant
- Foster Care Grant
- Care Dependency Grant
- Child Support Grant
- Grant in Aid (Ewers 2009:14)

Section 27(1)(c) of the Constitution of the Republic of South Africa stipulates that everyone has the right of access to social security, including social assistance if they are unable to support themselves (Ewers 2009:13).

Disability grants, however, are meant to provide extra income for people with disabilities, and according to Treatment Action Campaign (2009:6), in the year 2000, 600 000 received Disability Grant and by the year 2007, the figure rose to 1.4 million people. The cost of meeting the social welfare needs of needy people in South Africa

can be prohibitive. According to Ewers (2009:14), the government spent R70.7 billion on social grants in 2008 which forms 10.8% of the total government expenditure. The implication of this is that dependency on the state affects the GDP and places a burden on tax payers as well as the national budget. One concern will be the sustainability of this social support system in future.

2.3 INCLUSIVE EDUCATIONAL INITIATIVES FOR PEOPLE WITH DISABILITIES

2.3.1 United Nations' stance on inclusive education

The term “inclusive education” has drawn much attention in recent years but has different interpretations and different practices in different contexts. However, the United Nations Educational, Scientific and Cultural Organization (UNESCO 2001:26) defines inclusion as a dynamic process of participation of people within a net of relationships, that is, by legitimising peoples' interaction within social groups.

The Universal Declaration of Human Rights by the UN in 1948 acknowledged the right of every human to be educated (UN 2006:13). The UNCRPD in its preamble and general principles recognises the importance of accessibility to the physical, social, economic and cultural environment, to health and education and to information and communication, which will enable persons with disabilities to fully enjoy all human rights and fundamental freedoms (UKDPC 2011b:11).

At the World Conference on Special Needs Education held in Salamanca, Spain in June 1994, UNESCO (1994:2) noted with concern that very few children with disabilities have access to education, and millions of adults with disabilities lack even the rudiments of basic education, especially in the developing regions of the world. To address this, the Jomtien Conference proclaimed the “Education for All” Declaration which was launched in 1994. The inclusive education became the product of the Jomtien Conference. UNESCO (2005:13) views the purpose of the inclusive education as a process of addressing and responding to the diversity of needs of learners with disabilities through increasing participation in learning, cultures and communities, and reducing exclusion from education. In other words, the provision of education for learners with disabilities must take place within the regular education system.

The World Education Forum held in Dakar in April 2000 added further impetus to issues affecting people with disabilities by committing member states to:

- “expanding and improving comprehensive early childhood care and education, especially for most vulnerable and disadvantaged children”
- “ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills program”
- “creating safe, healthy, inclusive, and equitably resourced educational environments conducive for excellence in learning, with clearly defined levels of achievement for all” (UNESCO 2000:8).

These conventions and efforts of human right activists have provided the overall legislative framework for many countries throughout the world to adopt laws and policies that promote the rights of people with disabilities and to ensure their full and equal participation in societal life (UN 2006:7). This approach has become the cornerstone of the philosophy of inclusive education.

2.3.2 Key inclusive legislations that impact on the education of people with disabilities

2.3.2.1 *United States of America*

In the USA major legislative reforms started emerging from the early 1960s in favour of people with disabilities due to societal and civil rights pressure (Independence Hall Association 2012:3). As a result, a number of disability inclusion legislations were enacted which include the following:

2.3.2.1.1 *Education for All Handicapped Children Act of 1975*

A major force in creating a change in school education was the enactment of Education for All Handicapped Children Act (1975), in the US. Lal (2005:1-2) states that the main provision of this law includes the mandate for all children, regardless of the nature and severity of their disabilities to have an individualised education programme based on his/her social needs in the least restrictive environment.

2.3.2.1.2 Higher Education Amendment Act of 1986

According to Silverstein (2000:8), this Act authorises construction/renovation grants and loans to IHEs with the purpose of refurbishing buildings and educational facilities to be accessible to learners with disabilities.

2.3.2.1.3 Americans with Disabilities Act (ADA) of 1990

This Act protects individuals with disabilities from discrimination and covers a range of educational institutions including state and locally funded as well as private-sector schools with the exception of those that are controlled by religious entities (Government Accountability Office (GAO) 2009:3).

2.3.2.1.4 Individuals with Disabilities Education Act (IDEA) Amendments of 1990

The Individuals with Disabilities Education Act (IDEA), enacted in 1990, mandates the provision of a free and appropriate public school education for children and youth aged 3-21 who have disabilities (Lal 2005:2; National Center for Education Statistics 2010:34). In addition, Silverstein (2000:11) states that the amended version of the act was meant to improve support services to learners with disabilities, especially in areas of transition and assistive technology.

On the strength of these acts, postsecondary institutions are legally required to provide equal access to education to qualified learners with disabilities through academic adjustments and auxiliary aids and services. The adjustments included extending time allowed for taking tests, providing sign language interpreters and above all, ensuring physical access to buildings on campus (Government Accountability Office 2009:1).

The impact of the requirements by the acts was significant in paving the way for inclusive education in the US. According to the National Center for Education Statistics (2010:34), the acts contributed to improved access to education, support services and assistive technology for learners with disabilities; and by the years 2007-2008, some 95% of 6-21 year-old learners with disabilities were served in regular schools.

2.3.2.2 United Kingdom

2.3.2.2.1 Disability Discrimination Act (DDA) of 1975

In the United Kingdom (UK), the key legislation that has brought about major reforms to address the plight of people with disabilities is the Disability Discrimination Act (DDA) of 1975. By this act, any form of discrimination against any person with disabilities was considered illegal (Brunton & Gibson 2009:5). However, the act was porous in the sense that provision of educational services were not made as an integral part of the act.

The amendment to this Act in 2001 witnessed the inclusion of the Special Educational Needs and Disability Act (SENDA) in the DDA. As part of the DDA, SENDA outlaws discrimination against people with disabilities in education. According to Brunton and Gibson (2009:5), the revised DDA became law in 2005 and contained key legislative elements pertaining to higher education. These elements made it obligatory for IHEs to make reasonable adjustments to accommodate learners with disabilities in all spheres of institutional programmes, procedures and culture. However, it is one thing enacting a law but it is quite another thing meeting the stipulations of the law to the satisfaction of the people it is intended for.

2.3.2.3 South Africa

2.3.2.3.1 The Constitution of the Republic of South African Constitution No 108 of 1996

The Constitution of the Republic of South Africa Act No 108 of 1996 was promulgated with the Bill of Rights that guarantee the fundamental rights of all citizens to education, health, fair labour practices etc. According to the International Labour Organisation (ILO 2007:7), section 6 of the Constitution Act 108 of 1996 made provisions for the promotion and creation of condition for the development and use of sign language to assist the deaf and dumb persons. This is to ensure that people who are deaf and dumb are not excluded as far as information and learning are concerned, which is crucial for their empowerment and academic development.

2.3.2.3.2 The South African Schools Act (SASA) No 84 of 1996

In education, the South African Schools Act (SASA) No. 84 of 1996 requires that regular public schools should provide, “wherever reasonably possible,” education and relevant support services for learners with special educational needs. Sections 5(1) of the SASA emphatically states that:

“public school must admit learners and serve their educational requirements without unfairly discriminating in any way” (South Africa (Republic). DoE 1996:4).

The implication is that public schools are required by law to admit all learners irrespective of their disabilities and to provide them with the necessary educational support without discrimination.

According to (ILO 2007:12), the SASA accords the sign language with the status of an official language in South Africa. In addition, the Act makes it imperative that school facilities must also be adapted and made physically accessible to learners with disabilities (ILO 2007:12).

2.3.2.3.3 Higher Education Act No 101 of 1997

The passing of the Higher Education Act No. 101 of 1997 seeks to address the gaps that the South African tertiary institutions inherited from the apartheid government system, which mostly deprived many vulnerable people their Rights to education (South Africa (Republic). DoE 1997:28). Section 37(3) of the Act further requires all South African IHEs to provide appropriate measures for the redress of past inequalities and may not unfairly discriminate in any way (South Africa (Republic). DoE 1997:29). The sole intention of the Act is to level the playing field so that the disadvantaged can have their chance (ILO 2006:12).

2.4 MANAGEMENT OF DISABILITY IN INSTITUTIONS OF HIGHER EDUCATION IN SOUTH AFRICA

2.4.1 Policies to address disability in higher education in South Africa

After the demise of apartheid in 1994, the new South African government inherited an education system marred by inequalities and exclusions based on race, class and disability. According to Howell (2006:164), education provision was also separated on the identification and categorisation of learners into those who were regarded as 'normal' and those who were deemed to have special needs. This resulted in the mainstreaming of the so called 'normal' learners and the rest accommodated in special schools.

Howell (2006:165) argued that the lack of appropriate and adequate provision for learners with disabilities at the schooling level has profoundly affected access to higher education for this group of learners. This required urgent redress and transformation, hence the South African government embarked on an educational transformation aimed at developing a more inclusive educational system at all levels.

According to South Africa (Republic). DoE (2001:5), the need for inclusive education system arose after acknowledging that:

- "... specialised education and support have predominantly been provided for a small percentage of learners with disabilities within 'special' schools and classes"
- "... most learners with disabilities have either fallen outside of the system or been mainstreamed by default"
- "... the curriculum and education system as a whole have generally failed to respond to the diverse needs of the learner population, resulting in massive numbers of drop-outs, push-outs, and failures."

To address these concerns, the South African government issued two main Education White Papers which sought to place equity and access to learning as the central theme in education for learners with disabilities (FOTIM 2011:20).

- ***Education White Paper 3 on the Transformation of Higher education***

The 1997 Education White Paper 3 on Transformation of Higher education (South Africa (Republic). DoE 1997:11) seeks to prevent unfair discrimination and to implement strategies and practices designed to overcome inequalities generated in the past. The fundamental goal in the White Paper 3 is to build a higher education system that promotes equity of access and fair chances of success for all who seek to realise their potential through higher education. The document sets the framework on how needs of learners with disabilities can be managed and addressed by higher education institutions. In addition, it emphasises the need for a change in higher institutional culture, practices and curriculum in order to accommodate all diverse learner population without discrimination (South Africa (Republic). DoE 1997:11).

- ***Education White Paper 6 on Special Needs Education and Building an Inclusive Education and Training System***

The Education White Paper 6 on Special Needs Education and Building an Inclusive Education and Training System (South Africa (Republic). DoE 2001:28) states that:

“... in higher education institutions, access for disabled learners and other learners who experience barriers to learning and development can be achieved through properly coordinated learner support services, and the cost-effective provision of such support services can be made possible through regional collaboration.”

This document endorses Inclusive Education and Training as the official policy to be pursued by South Africa and has set the tone for integrating learners with disabilities into the mainstream education system (ILO 2007:16). The central thrust of the White paper 6 is to ensure that educational institutions make reasonable adjustments to accommodate students with special educational needs. The principles and philosophy behind inclusivity described in the White Paper 6 are in line with the Social Model concept of disability that acknowledges that barriers faced by learners with disabilities could be environmentally, socially and institutionally induced.

The challenge associated with the policies on inclusive programme is that there is no enforcing mechanism in place in South Africa to compel institutions of higher learning to meet a certain minimum standard of adjustment. The enforcement of any policy/guideline should be initiated and constituted by the institution's executive body, and monitored by the body in terms of certain applicable Acts which must serve as a general framework for policy implementation and enforcement. For example, the committees established in terms of the Occupational Health and Safety Act section 19 or governing bodies and councils in terms of Educational Acts (e.g. section 16(1) of South African Schools Act No 84 of 1996) can entice procedure and guidelines related to an Act or policy or guideline. Until then disability will be an issue.

2.4.2 Inclusive education in South Africa

2.4.2.1 The principle behind inclusive education

To accommodate human and contextual diversity in education, the “inclusive education” concept was born and became the cornerstone of the White Paper No 6 on Special Needs Education and Building an Inclusive Education and Training System. The White Paper on inclusive education, therefore, recognizes the potential of all children and youth to learn and to be the necessary support to meet their educational and disability needs (South Africa (Republic). DoE 2001:16).

In other words, the Paper advocates the creation of an enabling educational environment that seeks to ensure maximum participation of all learners irrespective of their disabilities. To accomplish this objective, the whole educational system, its practices, structures, curriculum and modes of teaching and learning methodologies have to be adapted to meet the needs of all learners so that no individual learner can feel marginalised.

In principle, inclusive education is the pacesetter and framework that seeks to address the educational needs of all learners in a non-threatening, supportive learning environment. It is exalting to include learners who were formerly disadvantaged and excluded from education as a result of their special needs.

2.4.2.2 Perceived inclusive educational challenges and barriers for learners with disabilities in Institutions of Higher Education

2.4.2.2.1 Curricular challenges

The curriculum is the central theme in the learning process for all learners irrespective of disability status. As such, the need for appropriate placement of learners with disabilities into a nation's higher educational settings cannot be ignored by any responsible government (Ikujuni 2006:163).

In South Africa, the challenge is to transform the higher education system to serve the needs of learners including learners with disabilities by ensuring equity and access to the curriculum. The White Paper 6 on Special Needs Education and Building an Inclusive Education and Training System (South Africa (Republic). DoE 2001:19) also acknowledges that barriers to learning arise from different aspects of the curriculum such as:

- The content (i.e. what is taught).
- The language or medium of instruction.
- How the classroom or lecture is organised and managed.
- The methods and processes used in teaching.
- The pace of teaching and the time available to complete the curriculum.
- The learning materials and equipment that is used.
- How learning is assessed.

According to Nkoane (2006:45), in any education system, the curriculum is either a major obstacle or one of the tools to facilitate the development of a more inclusive education system. In many contexts (Nkoane 2006:45), the curriculum is extensive and demanding, or centrally designed and rigid, leaving little flexibility for adaptations for learners with disabilities. For these learners, besides having to cope with the trauma of a disability which may be mild, moderate, severe or profound, they also do face challenges in terms of gaining wider access to issues pertaining to the curriculum, teaching, learning, assessment and progression in the IHEs (Tinklin, Riddell & Wilson 2004:2; Obiozor, Onu & Ugwoegbu 2010:127).

According to Howell (2006:170), challenges or barriers can have a profound and sustained effect on the psychological well-being and functioning of learners with disabilities. Howell (2006:170) further states that:

“learners with disabilities who have managed to attend IHE complain that the energy, emotional resources and levels of stress involved in dealing with the overwhelming range of barriers that confront them are extremely undermining and place them at an ongoing disadvantage to other learners.”

Barriers to learning and inclusion arise from the physical and psycho-social environment within which learning occurs. The White Paper 6 on Special Needs Education and Building an Inclusive Education and Training System (South Africa (Republic). DoE 2001:32) asserts that:

“barriers to learning arise from within the various interlocking parts of the curriculum, such as the content of learning programmes, the language and medium of learning and teaching, the management and organisation of classrooms, teaching style and pace, time frames for completion of curricula, the materials and equipment that are available, and assessment methods and techniques.”

2.4.2.2.2 Challenges within the learning environment

In terms of institutional structure, learners with disabilities pose formidable challenges to IHEs not only in terms of gaining physical access to buildings, but also in relation to much wider issues within the institutions (Tinklin et al 2004:2). According to Howell (2006:170), the experience of learners with disabilities in IHE shows that the levels of inequalities extend far beyond merely accessing existing provision within institutions. Howell (2006:170) further argues that challenges and barriers also emanate from the way in which IHEs are structured and run. Poorly resourced institutions coupled with poor infrastructural designs as well as under-funding can impact on institutions and learners in terms of support, access and equity as well as creating the climate for extra-curricular activities to flourish.

The reality is that diversity is equally as complex as disability. IHEs require adequate capacity to meet its own institutional challenges as well as those facing learners with disabilities. Brunton and Gibson (2009:6) argue that it is impossible to remove all imaginable barriers to study for all learners with disabilities – both as a result of the need to protect core aspects of the degree programme, and because the requirements of some learners with disabilities will potentially clash with the requirements of others.

The ideals of inclusive education are lofty and appealing, but accomplishing them is where the challenge lies because transformation of IHEs requires not only funds to effect the necessary changes but also on changing mindset of society to accommodate all learners equally.

2.4.2.3 Perceived inclusive educational needs of learners with disabilities in Institutions of Higher Education

2.4.2.3.1 Common disability categories in IHEs

Inclusive educational legislations and policies have led to a marked increase in the proportion of learners with disabilities participating in IHEs (Weedon, Riddell, Fuller, Healey, Kelly, Georgeson & Roberts 2008:2). Among this group of learners are different categories of impairments which include the following:

- Mobility impaired
- Visual impaired
- Hearing impaired
- Speech impaired
- Chronic diseases such as HIV/AIDS, diabetes, etc.
- Seizure and bipolar disorders
- Learning disabilities, etc.

These categories of learners have health issues that cut across physical, cognitive, affective, social and psychological spectrum of special needs. Their presence in the learning environment requires their learning needs to be met in addition to their disability needs. Marriot and Gooding (2007:8) posit that these learners are not a

homogenous group, but have a wide range of needs, expectations, and interests and circumstance that impact on their quality of life. Different types of impairments dictate different needs in different educational settings, hence, their experiences and needs are invariably linked to the nature of their impairments (Weedon et al 2008:2).

2.4.2.3.2 Specific disability category needs

As long as barriers exist in the curriculum more and more learners from different disability categories will be excluded because of their specific disability needs that are not catered for. Bassey, Akuagwu, Udida, Uchendu, Sule and Emanghe (2006:222), ACPF (2011a:61) and GAO (2009:15) spell out some of the curricular and assistive devices needs of the major categories of learners with disabilities found in IHEs, such as:

- **Speech and language impairment:** This category of learners needs tolerance and patience from their lecturers and other colleagues. They also need special learning and teaching support materials.
- **Hearing impairment:** The needs of this category of learners involve sign language, finger spelling, gestures, lip-reading, auditory training, and use of flash cards and the services of sign language interpreter in the class. Other devices include audiometer, hearing aids, speech trainers, computers etc.
- **Visual impairment:** Such learners need to be provided with such aids as special lenses, Braille's, typewriters, magnifiers, guide dogs, reading computers, audio-tape etc.
- **Physical and health impairment:** The needs of this group of learners include modifications to buildings and facilities, ramps, transport, lifts, crutches, electric and manual wheel chairs, braces and artificial limbs etc.
- **Other hidden impairments (learning and emotional disorder and sensory impairments):** This category of learners need adapted learning/teaching support materials, audio-visual aids, counseling services etc.

Accommodating all the diverse group of learners can be challenging. Inclusive approach, therefore, warrants the understanding of the diverse needs of all categories of learners and ensuring that learning needs of these learners are met. American Speech-Language-Hearing Association (2000:5) points out that, a learning disability is

not static; its effects may change in relation to factors such as learning environment, classroom setting, methods of instruction etc. which may warrant the need to provide differing academic adjustments and support. To this end, American Speech-Language-Hearing Association (2000:5), Bremer et al (2007:7) and GAO (2009:19) further suggest the following new technologies and software options that IHEs can acquire for enhancing access to learning by learners with disabilities:

- Text-to-speech devices
- Digital whiteboard
- Speech synthesisers
- Visual/graphic outliners
- Print enlargers and document converters
- Visual tracking
- Phonetic spell checkers
- Voice input technology
- Scribe pen

2.4.2.3.3 General support service needs

Learners with disabilities in IHEs should not be viewed from the perspective of needing academic support only but also as ones with health issues as well. The need for providing appropriate support system for this group of learners is crucial in achieving educational outcomes; but it can be demanding. According to GAO (2009:21), institutions face challenges in acquiring and providing some services for learners with disabilities, in particular, those services that involve specialised knowledge. Among the important support services needed in IHEs include:

- Social workers
- Medical Practitioners
- Psychologists
- Occupational Therapists
- Speech and Language Therapists
- Physiotherapists
- Neurologists

- Ophthalmologists
- Guidance counsellors
- Brail lists
- Sign Language Interpreters
- Readers for the Blind (GAO 2009:22)

Though the availability of these service providers is very crucial in the learning environment, GAO (2009:22) argues that the cost of supporting learners with chronic medical conditions can be as prohibitive as providing sign language interpreters to the hearing impaired learners.

2.4.2.3.4 Access and equity needs

According to SAHRC (2002:9), universal access for people with disabilities means the removal of all cultural, physical, social and other barriers that prevent them from entering, using and benefiting from the various systems of society that are available to other citizens. For learners with disabilities in an IHE to enjoy equal opportunities as their non-disabled counterparts, issues of access and equity need to be addressed. Important among these needs are learning environment and the curriculum. On this score, the South Africa DoE Ministerial Report (South Africa (Republic). DoE 2010:3) points out that:

“as far as disability is concerned, there seems to be a general recognition that there has been limited progress made in addressing the needs of learners with disability, both in terms of the physical infrastructure, as well as educational support structures.”

Easy access in the learning environment is key in an inclusive education practice. Learners with disabilities require barrier-free learning environment that will facilitate their learning, integration and provision of support to cope with their disability condition. SAHRC (2002:8) states that:

“Inaccessible environments deny people with disabilities their rights to equality, dignity and freedom, amongst other fundamental human rights. Lack of physical

access, both to and within built environments, is a major factor contributing to the ongoing exclusion of people with disabilities from mainstream society.”

Disability user-friendly buildings, facilities, physical environmental designs and unhindered mobility are essential for making learning environment least restrictive and more facilitating especially for learners with physical and visual disabilities. Access needs also go beyond the built environment. Family, community, socio-economic and cultural factors as well as societal attitudes towards disability can also impact on the exclusion of learners with disabilities (Fuller et al 2004: 303; Lawson et al 2008:2-3).

2.4.2.3.5 Extra-curricular needs

The importance of extra-curricular activities on the life of learners with disabilities cannot be overemphasised. Stuart, Lido, Morgan and May (2008:2) define extra-curricular activities as all activities beyond the classroom. These activities include:

- Involvement in university clubs
- Athletics, sports and games
- Music, art, culture
- Religious engagements etc (Stuart et al 2008:2; Net Industries 2013:2)

Institutions need to make provisions for the appropriate accommodation of learners with disabilities like other learners in extra-mural activities. These activities are meant to complement the university's academic programmes and to enrich learners' quality of social and educational experiences.

2.5 ENCOUNTERS OF LEARNERS WITH DISABILITIES IN INSTITUTIONS OF HIGHER EDUCATION

Post-secondary education leads to better employment and improved life outcomes, but for many people with disabilities, higher education remains a dream because of many encounters that pose as challenges in their learning process (Bremer et al 2007:3). Bremer et al (2007:3) argue that in 2005, of working-age adults with disabilities, 24.8% had less than a high school education, while 34.5% had no more than a high school diploma or equivalent. Wagner, Newman, Cameto, Garza and Levine (2005:14) support

this claim by stating that about 3 in 10 out-of-school youths with disabilities have taken postsecondary education lessons since leaving high school. This explains that various challenges and barriers do exist in the educational environments which contribute to their low representation and high attrition rate of this group of learners in IHEs (Lawson et al 2008:2-3).

2.5.1 South Africa

The provision of education for learners with disabilities continues to be shaped by the socio-economic realities, reflected in class and racial inequalities (South Africa (Republic). DoE 2010:3). Prior to 1994, the South African Education system was fragmented into 18 racially divided education departments (Gerison 2002:16). For example, the funding for education under the Apartheid regime was strictly determined by race on a pro rata basis as follows:

- \$1 for an African child
- \$1.5 for a Coloured child
- \$2 for an Indian child
- \$10 for a White child” (Gerison 2002:16)

This funding model was not only racially discriminatory but was grossly unjust in the sense that learners in the disadvantaged racial groups (African and Coloured) including learners with disabilities were further impoverished and excluded as a result of the underfunding.

In 1997, three years into the democracy, UNESCO carried out a survey to gather information on the situation of learners with disabilities in IHEs in English-speaking countries in Africa. A summary of the situation in seven South African IHEs is given in Table 2.2.

Table 2.2: Summary of situations in seven South African IHEs in 1997

IHE	Disability policy	Disabilities enrolment	Entrance requirements	Problems encountered in the institutional environment
Potchefstroom University	No policy	10/9995 (0.10%)	Same for all learners	<ul style="list-style-type: none"> Physical access to accommodation and lecture rooms No supply of tape recorders for visually impaired
Rhodes University	No policy	47/5000 (0.94%)	Same for all learners	<ul style="list-style-type: none"> Access to various buildings and facilities, lack of information on assistance
University of Durban Westville	No policy	30/10500 (0.29%)	Same for all learners	<ul style="list-style-type: none"> Visually impaired have tremendous problems with study career
University of the North	No policy	30/NA	Same for all learners	<ul style="list-style-type: none"> Access to buildings, facilities etc Study materials not available in Braille Lecturers unable to deal with visually impaired, expensive assistive devices especially for the visually impaired
University of the Orange Free State	No policy	50/10300 (0.49%)	Same for all learners	<ul style="list-style-type: none"> Access to higher floors and some classrooms
University of Port Elizabeth	No policy	3/5400 (0.06%)	Same for all learners	<ul style="list-style-type: none"> Mobility
University of Stellenbosch	Available	43/15500 (0.28%)	Flexible	<ul style="list-style-type: none"> Access to buildings and accommodation for physically impaired Expensive special equipment

(Adapted from UNESCO 1997:39)

It can be deduced from the summary (Table 2.2) that disability issues pertaining to policy and entrance requirements for learners with disabilities are not of any concern to these institutions except the University of Stellenbosch. Inflexible entrance requirements must have contributed to the low (less than 1%) proportion of learners with disabilities participating in IHEs. As reported in this study, learners with disabilities and their various institutions encountered challenges in terms of access, assistive devices and curricular issues. Obiozor et al (2010:127) argue that the absence of adapted facilities and services could severely limit the independence and the geographical mobility of these learners.

Oduntan (2004:5) in his study on blind and partially sighted learners in the University of the North, states that a large percentage (87.2%) of the subjects faced problems within the university as a result of their visual impairment. He states that 53.8% have sighted

ergonomic problems which include construction on campus without danger warning signs, obstacles on roads and cars speeding on campus; and about three-quarters (74.4%) of the respondents have repeated a year of study (Oduntan 2004:6). The study also found poor accessibility to study materials, insufficient assistive devices, lecturers' inability to deal with visually impaired students, and non-availability of some important documents in Braille forms as the challenges facing these learners. These findings corroborate what UNESCO (1997:39-50) reported in their study some years earlier. This shows that nothing has changed since the earlier study.

A survey carried out to explore the factors that inhibit access to IHEs by the learners with disabilities in the Free State region revealed the subjugation and marginalisation of learners with disabilities. In the study, Nkoane (2006:108) states that whilst over 90% of this group of learners were undergraduates, only 10.3% of them never experienced problems such as physical accessibility to campus transportation, special media or adaptive equipment including computer adaptations and special equipment.

Ramakuela and Maluleke (2011:287) conducted a study in an IHE to explore the views of learners regarding the social and learning environment of learners with disabilities. In the study, the authors revealed that the majority (80%) of learners with disabilities feel rejected by their fellow non-disabled learners, staff and the institution (Ramakuela & Maluleke 2011:287). This is an indication of an atmosphere of intolerance and resentment towards learners with disabilities. Other challenges reported are unaccommodating physical environment, unavailability of seats in some lecture halls and inadequate learning support materials as well as dysfunctional ablution facilities (Ramakuela & Maluleke 2011:290).

In a similar study, Akintunde (2011:44-50) reported about periodic shortage and inadequate supply of water to residences and the university community. Other serious problem reported was that learners at this institution engaged in poor environmental and hygienic practices. A situation of this nature could turn to affect learners with disabilities most if no arrangement was made to assist this group of vulnerable learners who might be at the mercy of others to assist them.

In another study to describe and analyse the role and function of specialised disability units at 23 targeted IHEs in South Africa, FOTIM (2011:41) reports that the ages of the

learners with disabilities that participated in the study ranged from 19 to 57 years with the majority being 21 years old. FOTIM (2011:77) further states that many of the participants in IHEs describe registration processes to be emotionally stressful and physically exhaustive especially for learners with mobility impairment.

Participating in social events was also an issue in most of the institutions. In many instances, learners with disabilities felt they were not sufficiently aware of social events, especially visually impaired (FOTIM 2011:77). FOTIM (2011:41) and UNESCO (1997:4) reported that an estimated 1% of the total learner population comprised of learners with disabilities in the IHEs in their studies. Obiozor et al (2010:129) attribute low representation of these learners in IHEs to finance, relationships, poor academic advisement and lack of support services.

Naidoo (2010:6) explored the perceptions and experiences of learners with disabilities at the University of KwaZulu-Natal. According to Naidoo (2010:6), inadequate staff, resources, funding, poor coordination and communication between significant role players, substandard relationships, and insufficient awareness around academic and social issues of learners with disabilities among the entire campus population represent major barriers to success. These encounters in the institutional environment are crucial to achieving educational outcomes for all learners especially those living with disabilities because their impairments constitute a challenge in the first place.

After many years into democracy the terrain in IHEs has still not improved significantly to accommodate many learners with disabilities. In 2010, the Minister of Higher Education, Blade Nzimande remarked that the numbers of learners with disabilities who enter IHEs do not graduate in the minimum time and many discontinue their studies along the way (South Africa (Republic). DoE 2010:2). He took exception to the little progress made so far in accommodating learners with disabilities in IHEs after studying the Soudien 2008 report of the Ministerial Committee on Transformation and Social Cohesion and the Elimination of Discrimination in Public Higher Education Institutions. Based on the report that in 2007 there were 4 325 learners with disabilities in IHE, representing only 0.6% of the total headcount enrolments for higher education in South Africa, the Minister expressed his utmost concern and disappointment at the low proportion of learners with disabilities admitted into higher institutions in the country; at the same time, he was disgusted at the limited progress made so far in addressing the

needs of learners with disabilities (South Africa (Republic). DoE 2010:2). In the same vein, the Minister acknowledged that most South African universities were not disability-friendly in terms of physical access, equity and curricular approaches as well as other institutional practices and culture (South Africa (Republic). DoE 2010:2).

These concerns clearly indicate that the higher educational landscape in South Africa still bears the hallmarks of apartheid system and legacy in terms of infrastructure, teaching facilities and staffing. It appears that little has been achieved for the learners with disabilities after more than 18 years into democracy despite the progress made in introducing inclusive legislations and policies.

2.5.2 Other parts of Africa

A number of learners with disabilities in IHEs in other African countries experience similar challenges as other learners with disabilities in South Africa. UNESCO (1997:11) in their survey involving some English-speaking African universities revealed that at the University of Botswana there were no specific extra-curricular activities for learners with disabilities; at Addis Ababa University (Ethiopia), blind learners were exempted from learning Mathematics and learners with physical impairments could not enroll in Technology, Medicine and in some departments of Natural Sciences or Social Sciences.

At Egerton University (Kenya) due to the scattered nature of lecture halls and inappropriate physical environment, most learners with disabilities have difficulty in moving from one lecture hall to another especially for consecutive lessons at different venues (UNESCO 1997:11). According to UNESCO (1997:24), some of the learners with disabilities at the University of Nairobi reported that they suffer most during riots or unrest on the campuses due to their disability.

In another study involving two universities in the Cross River State (Nigeria), Bassey et al (2006:222) explored the problems and prospects of administering special needs for learners with disabilities in inclusive education. The study reveals that many needs for disabled learners are grossly lacking or inadequate. The blind learners lack 87% of Braille machines; learners with hearing impairment and those who are deaf lack 97.5% of audiometer and hearing aids and orthopaedic learners lack 88% of electric and

manual wheel chairs, 85.2% of artificial limbs and 92.8% of crutches (Bassey et al 2006: 222). This shows the extent to which many learners with disabilities are adversely affected in terms of lack of assistive devices in their learning environments.

2.5.3 Australia

In a survey to evaluate the impact of disability on aspects of the university experience in terms of examinations, placements, practicals, assignments, social, physical access, lectures etc, Lawson et al (2008:4) report that medical, neurological and psychological categories accounted for 84% of primary disabilities among the participants. In addition, they reported that majority (70%) of the participants enrolled in Bachelor degree; more than 80% said their disabilities substantially impacted on their placements whilst over 70% of the participants also reported that their disabilities substantially impacted on their examinations as well as practical.

In 2011, the Australian Youth Affairs Coalition (AYAC) conducted a survey involving young people, parents of those with disabilities and workers with disabilities. The purpose was to explore their views on “Young People with a Disability and Education”.

According to AYAC (2011:4), 40% of the learners said that staff did not understand their needs; 48% said the staff awareness of disability was poor and 40% said that they had moved institutions in order to access better disability support. However, AYAC (2011:4), further states that though 41% of learners reported that lessons were not accessible to them, 43% said that the level of support they received was enough to help them with their personal needs.

2.5.4 United States

According to Konur (2006:351), individuals with disabilities face a variety of barriers to education and other life experiences because they have long been denied the opportunities to pursue higher education. In the US, gradual changes in society's attitudes, advancements and passage of civil rights legislations have served to reduce some of these barriers and have increased the participation of learners with disabilities in higher education (Konur 2006:351; Bremer et al 2007:4). Burgstahler (1998:1) states that learners with disabilities did not become a major factor in higher education until

after World War II when a large number of disabled war veterans on campuses raised the general awareness of disability issues and increased their demand for special services.

Wolanin and Steele (2004:viii) argue that learners with disabilities do not receive the same level of academic preparation in education as their peers without disabilities and consequently do not go on to higher education in larger numbers. Barriers facing learners with disabilities in higher education in US include low expectations of some teachers, inadequate pedagogy and services to meet the educational needs of learners with disabilities. Physical barriers on campus and negative attitudes from other learners were reported to be contributory factors as well (Wolanin & Steele 2004:viii; Johnson 2006:3).

In another study, Raue and Lewis (2011:3) collected information from postsecondary institutions in the US on the enrolment of learners with disabilities, services and accommodations provided, accessibility materials and the universal design during the 2008–09 academic year. The findings were that during the academic years 2008–2009, 88.0% of 2-year and 4-year level four degree-granting postsecondary institutions reported enrolling different categories of learners with disabilities. These categories comprise of learners with specific learning disabilities (86.0%), Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) (79 percent), mobility limitations or orthopaedic impairments (76.0%), or mental illness/psychological or psychiatric conditions (76.0%). To ensure that the academic needs of learners with disabilities were met, 93.0% of the higher institutions reported that they provided additional examination time as an accommodation to students with disabilities, note takers, written course notes or assignments, study skills, alternative exam formats and adaptive equipment and technology (Raue & Lewis 2011:3). In addition, Raue and Lewis (2011:4) report that many institutions reported integrating accessibility features during major renovation and new construction projects and cited limited staff resources and costs associated with purchasing appropriate technology as barriers that hinder the implementation of universal design.

2.5.5 Europe

According to Weedon et al (2008:1), before the 1990s, IHEs made very little provision for learners with disabilities; but over the past 15 years, many policy, legislation and funding measures introduced in UK have led to a marked increase in the proportion of learners with disabilities participating in higher education.

Between 2001 and 2003, Tinklin et al (2004:4) carried out a research funded by the Economic and Social Research Council to investigate the impact of multiple policy innovations on the participation and experiences of learners with disabilities in further and higher education institutions in England and Scotland. The purpose of the study was to identify gaps between policy and practice that significantly pose barriers to the participation of learners with disabilities in higher education.

Although Tinklin et al (2004:2) commend the progress made to accommodate learners with disabilities in IHEs, they acknowledge that significant barriers still remain to full participation of learners with disabilities in areas of teaching, learning, monitoring and evaluation as well as staff development. This study also found that extra-curricular activities, which should improve social networking and healthy integration among learners with and without disabilities, were not promoted in the institutions especially for those with mental health difficulties and those with high support needs.

Hall and Healey (2004:1) in their study targeted learners with disabilities doing Geography, Earth and Environmental Sciences and related disciplines at six universities in England. The aim of this study was to collect information on a range of issues relating to the disabled students' experiences of teaching, learning and assessment. The authors further mentioned that over half (54.6%) of the participants belonged to dyslexia disability category; 13.9% and 15.2% indicated that their disability was a factor in their choices of university and courses respectively (Hall & Healey 2004:1). Other disability-related barriers mentioned by the participants in the study were note taking, copying down information from overhead projectors and power point presentations, use of university libraries, laboratory and practical work as well as the use of assistive devices including fieldwork and field trips (Hall & Healey 2004:8). This implies minimum participation of learners with disabilities in the core business of the institutions.

On the positive side, Hall and Healey (2004:17) report that the majority of the respondents indicated that academic staff (lecturers/tutors) and support staff (administrators, technicians, librarians, etc.) were supportive and helpful when approached with disability related barriers; however, over 60% indicated that they had faced barriers as a result of their disability regarding written examinations and course work. This proportion is too high for a group that is so vulnerable to attrition and high failure rate.

Jacklin, Robinson, O'mera and Harris (2007:5) in their study explored the educational and social experiences of learners with disabilities in the context of one IHE. The authors found that the majority of the participants expressed that their learning and social experiences of higher education were positive, 22.4% reported that they were not happy with their learning experiences whilst 12.5% said they were not happy with their social experiences.

Weedon et al (2008:2) conducted a longitudinal in-depth study in four IHEs in UK with the purpose of exploring the social and academic experiences of learners with disabilities as well as the academic staff, support staff and senior manager. The study found that whilst lecturers were generally supportive of learners with disabilities, they sometimes feel overwhelmed by requests for individualised adjustments and was unsure about the balance between maintaining academic standards and accommodating the needs of learners with disabilities. Some of their findings were that participants were disillusioned about the culture of teaching and learning in higher institutions. Though, Weedon et al (2008:5) found very little evidence of any move towards adjustments in modes of assessment, they, however, commend the many adjustments introduced such as well-prepared handouts, notes put on-line, etc to help learners with disabilities as good teaching and learning practices in these institutions.

Disclosure and acceptance of the label of 'disability' was problematic for some learners, especially those with hidden impairments. According to Tinklin et al (2004:3) and Weedon et al (2008:2), many learners with disabilities wanted to pass as non-disabled and, did not tell other learners or lecturers about their impairment. Obiozor et al (2010:130) argue that a major reason for not disclosing their disabilities could be to avoid labeling or stigmatisation. However, non-disclosure of one's disability status can

result in not receiving the due attention and the educational support services needed to cope in the learning environment.

Brunton and Gibson (2009:3) conducted a study on registered learners with disabilities in the UK Higher Education system. The study aimed at gathering information on their experience of studying English and about pedagogical, social, structural and technological factors that impact on them. The study reported a wide range of disability categories. Among the participants, 31% had specific learning difficulties, 20% (unseen disabilities e.g. diabetes, epilepsy), 17% (mental health, 6% (mobility), 6% (blind/partially sighted, 5% (autistic spectrum), 3% (multiple disabilities, 2% (deaf/hearing impaired) and 9% belonging to other disability category (Brunton & Gibson 2009:9). Furthermore, Brunton and Gibson (2009:3) report that 84% of students felt that their disability had some impact on their studies with just over half (50%) of them stating that the impact had been a major one. Whilst 47% of the students had considered withdrawing from their course as a result of their disability, 94% faced difficulties with independent study activities and 86% faced difficulties with class-based activities and examination-based assessment (Brunton & Gibson 2009:3).

Between February 2008 and February 2009, Grehan (2009:6) conducted a study using four focus groups, five interviews and about 400 online surveys involving learners with disabilities in UK. The findings were that 44% of the participants experienced difficulties in their transition from pre-tertiary to further education, 30% were on a course that had been selected for them by someone else and 58% did not start their course straight from school. Since about a third (30%) of the participants were on courses prescribed for them, this is likely going to affect their morale and deprive them from achieving their goals. Furthermore, Grehan (2009:73) reports that over half (58%) of study participants did not start their course straight after their pre-tertiary institutions. This could be a drawback in their studies.

According to Grehan (2009:54), 29% dropped out of further education as a result of:

- inadequate access to buildings, equipment and information
- learning problems and additional learning support materials
- travelling difficulties
- attitudes including negative attitude of some academic staff

- financial hardships

The study also reports that learners with disabilities were grossly under-represented in IHEs and cites the following reasons:

- inadequate access to buildings, equipment and information
- lack of information from schools relating to transition
- lack of coordinated support at the crucial stage in school
- lower qualifications at ages 16-19
- reduced range of options
- inadequate provision (financial, personal and procedural)
- negative attitudes of some academic staff (Grehan 2009:53).

To identify factors that facilitate or hinder transition to tertiary education and work for youth with disabilities in the Czech Republic, Denmark, France, the Netherlands and Norway, Ebersold (2012:3) conducted a longitudinal study that looked into the admission and support strategies developed by tertiary education institutions. The study posits that the majority (75.0%) of participants felt that their transition was easy whilst an overwhelming proportion (91.0%) felt excluded within their academic community. Among the Norwegian participants, Ebersold (2012:108) reports that though two-thirds of the participants felt that their disabilities had an impact on their academic progress, they essentially received study support, adapted teaching but less technical support and human assistance. Interestingly, in these settings, disability was partially taken into account in the formal policy; and the academic success of learners with disabilities was primarily attributed to support from family and friends, co-operation among staff and flexibility in methods of organising teaching (Ebersold 2012:108).

2.6 CONCLUSION

This chapter explored data-based literature pertaining to crucial issues that revolve around the research topic. It discussed a brief outline of perceptions held about disability by society over a number of centuries, the global burden of disability and its impact. It also highlighted inclusive educational initiatives, legislations and policies and

the management of disability in IHEs in South Africa. Finally, the chapter reported the various encounters within IHEs in South Africa and other countries.

The next chapter will discuss the theoretical framework that was used as the underlying departure of the current study.

CHAPTER 3

THEORETICAL FRAMEWORK

3.1 INTRODUCTION

The previous chapter discussed data-based literature pertaining to crucial issues affecting learners with disabilities in IHEs in a number of countries. It also highlighted inclusive educational initiatives in terms of progressive legislations and policies as well as the various encounters of this group of learners within IHEs across a number of countries. This chapter discusses the theoretical frameworks that underpin and provide grounding for the current study. The chapter explained in details the models used in this study.

3.2 MODELS UNDERPINNING THE CURRENT STUDY

A model consists mainly of words, a description of a social phenomenon, abstracting the main features of the phenomenon without an attempt to explain it or predict anything from the description (De Vos, Strydom, Fouche & Delport 2012:36). Since time immemorial, societies have been viewing the phenomenon of disability from different perspectives. As a result, several models emerged to explain it. Amongst them are the Religious, Charity and Medical Models. These models have been coined based on societal beliefs and cultures, and applied as frameworks to tackle the phenomenon of disability.

According to the Best Resources for Achievement and Intervention Neurodiversity in Higher Education (BRIANHE 2006:2), these models have had a powerful influence on setting the parameters on how people with impairments are treated by society. In other words, models of disability are a useful framework that depicts the reality of disability and help gain an understanding of disability issues which in this study are challenges and needs of learners with disabilities.

3.2.1 Layout of the models

Though the most dominant model of disability is the Social Model, there are other complementary models that are key within the Social Model of Disability that help put the study within the context of disability in education. The layout is diagrammatically presented in Figure 3.1 below.

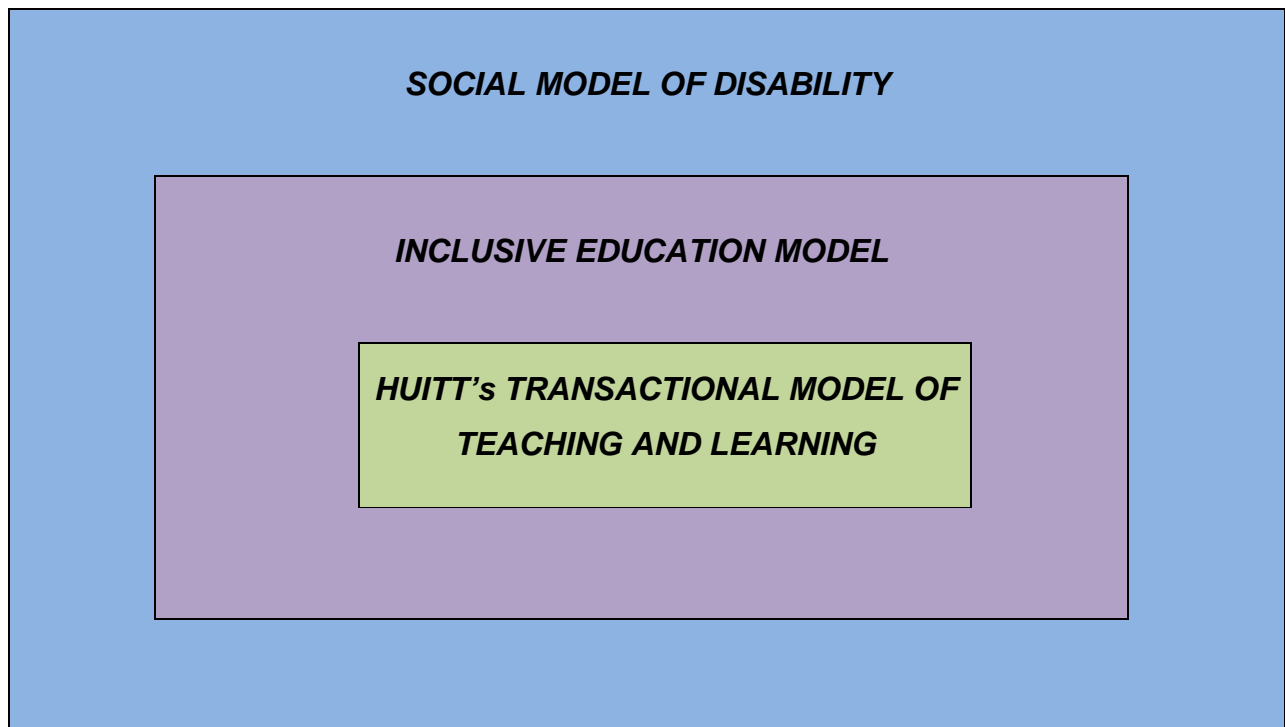


Figure 3.1: The layout of the models applied in the study

The figure depicts three models that guide this study. These are:

- The Social Model of Disability
- The Inclusive Education Model
- Huitt's Transactional Model of Teaching and Learning

Two of these models (the Inclusive Education Model and the Huitt's Transactional Model of Teaching and Learning) are embedded in the broader Social Model. In the context of education, these models are all relevant in depicting the phenomenon of disability in the learning environment. The complexity in the learning environment warrants a combination of the three models to be used.

According to Nkoane (2006:61), to address the challenges and needs of learners with disabilities, factors within the learner, within the centre of learning, within the education system and within the broader social economic and political system need to be taken into account. Hence, while the Social Model of Disability places strong premium on '*Universal Enabling Environment*' for people with disabilities, the Inclusive Education Model and Huitt's Transactional Model narrow their premiums down to '*Enabling Educational System*' and '*Enabling Classroom Environment*' for learners with disabilities in educational institutions respectively.

3.2.2 The Social Model of Disability

The study adopts the Social Model of Disability among many others. It is a new thinking that views disability as the creation of society. The model was initially introduced in the mid-seventies by a "disabled" lecturer, Mike Oliver, who adapted it from a booklet published by the Union of Physically Impaired Against Segregation (UPAIS) titled Fundamental Principles of Disability (BRIANHE 2006:2).

Historically, disability has been treated as a medical problem, and any research done in this area has been undertaken using Medical or Rehabilitation Models (Morris 2000:22). According to Brunton and Gibson (2009:5), the Social Model of Disability emerged in opposition to what was purported to be a damaging 'Medical Model' which conceives disability as primarily a medical problem, entailing personal tragedy and requiring treatment. Proponents of the Social Model argued that while the 'impairments' of people with disabilities were physical, their 'disability' was a social phenomenon – the product of environmental, economic and cultural barriers erected by oppressive society.

This argument tends to separate disability from impairment and equate disability to obstacles imposed by society and social construction. Thus, impairment only becomes a disability by virtue of inadequate and discriminatory social arrangements including attitudinal barriers that prevent people with impairments from maximum participation in society (BRIANHE 2006:3; CCL 2007:5; Ransom 2009:11; Brunton & Gibson 2009:5).

What can be deduced from the philosophy of the Social Model is that it considers people with disabilities as an integral and indispensable part of society. This means that

they have roles to play in all human endeavours and development, and that the barriers that prevent them from playing such roles are created by society. In other words, using the Social Model approach in this study, disability is seen as a product of social structures and perceptions and attitudes of others, which create barriers to full participation in society by people with disabilities (Grehan 2009:16).

The model identified key elements of concern to people living with disabilities as shown in Figure 3.2.



Figure 3.2: Social Model of Disability

(Adapted from UKDPC 2011b:54)

From the above figure, UKDPC (2011b:54) enlists the disenabling obstacles that contribute to the demise of people with disabilities in the society. These are explained as follows in line with the objectives of the study:

- **Inaccessible environment (environmental design):** access to facilities and in the learning environment is critical for learners with disabilities especially, the

mobility and visually impaired. Inaccessibility and un-adapted universal designs for the use of learners with disabilities will exclude them from academic and social participation.

- **Lack of useful education:** inferior education will render learners with disabilities uncompetitive in the job market and in social standing. This issue must be viewed seriously in IHEs so that quality education is provided for all learners.
- **Discrimination in employment:** addressing this issue, employers will get to understand that people with disabilities can also contribute positively to the economic development and social upliftment for themselves and society. IHEs need also to understand that discrimination in any form on campuses is legally and morally unjustifiable and can be counterproductive.
- **Poverty:** as explained in chapter 1, poverty and disability are intrinsically linked and form vicious cycle. Poverty is a cause and a consequence of disability (ACPF 2011a:5). This calls for special arrangement on the part of IHEs to empower learners of disabilities to break this vicious cycle of poverty and disability.
- **Inaccessible transport:** mobility is a need for everyone especially those with disability. In the learning environment, adaptable form of transportation should be made available for the physically and visually impaired learners to have free and quick movements to access venues, hostels etc.
- **Inaccessible information:** a hitch in information flow in IHEs will create communication gap that will be filled by rumours. Information sharing will give learners with disabilities a sense of belonging in the learning environment. It also contributes to a better understanding of disability issues.
- **De-valuing:** de-valuing in the learning environment can lead to under-performance and loss of sense of achievement on the part of learners with disabilities.

- **Segregated services:** segregation of services in the learning environment will lead to discrimination and exclusion in academic and extra-curricular activities of vulnerable people especially learners with disabilities.
- **Prejudice:** this will lead to pre-judging and stereotyping of learners with disabilities in IHEs.
- **Lack of autonomy:** autonomy for learners with disabilities in the learning environment can boost their confidence and morale and be treated with dignity and respect.
- **Dependency syndrome:** dependency syndrome can be eliminated if IHEs can provide the necessary capacitating programmes to encouraging independent living among learners with disabilities.

Many of the above obstacles can be present in any learning environment. In respect to the current study, learners with disabilities can face challenges and barriers emanating from such areas in IHEs. As reported in the literature reviewed presented in chapter 2 of this report, learners with disabilities encountered a variety of challenges with regard to the physical environments, infrastructural designs, facilities, curriculum, support system as well as institutional culture and practices. These reported experiences are tantamount to social and academic exclusion of some of the learners on basis of their disabilities. Naidoo (2010:12) alludes to the notion that the Social Model focuses on the needs of individuals which form part of the purpose of the present study. From the Social Model perspective, the onus is on IHEs to make the necessary institutional adjustments to meet the needs of all learners with disabilities so that they can conveniently participate in the learning environment.

On the flip side, the Social Model is underpinned by the following principle:

- Person is valued irrespective of one's disability status
- Strengths and needs defined by self and others
- Identify barriers and develop solutions
- Outcomes based programs designed

- Resources are made available to ordinary services
- Training for people with disabilities, parents and professionals
- Relationships nurtured
- Diversity is welcomed and person is included
- Society evolves (UKDPC 2011b:54)

Based on the above principles, the Social Model is meant to be empowering and developmental. It, therefore, seeks to patronise disability and makes it as an indispensable part of society because disability in this model is perceived as a social creation and requires social intervention and solution. On the strength of the above principles, the Social Model has become the corner stone of the human rights approach to disability leading to progressive and inclusive policies and legislations (Abhiyan 2008:23).

Besides all its benefits and contributions in research on disabilities, the Social Model has of late incurred opposition and criticisms from some scholars. According to Morris (2000:22), the criticism of the Social Model is premised on its exclusion of the lived experience of disability as a unit of analysis without incorporating Feminist Embodiment Theory in their study of disability. On this issue, Brunton and Gibson (2009:7) in their study cited Shakespeare (2006:56) as arguing that the problems associated with disability cannot be entirely eliminated by any imaginable form of social arrangements only. This is an indication that the Social Model is not the panacea to all conceivable barriers that people with disabilities face, but in the absence of a better model, the Social Model of Disability stands supreme for now.

The Social Model was preferred over other models of disability because it is very relevant to this study in that it guided the researcher to investigate the challenges and needs of learners with disabilities using the key elements of the model. That is, it permitted the investigation to be carried out with specific focus on environmental and social factors that impact on learners with disabilities. This is in line with Brunton and Gibson's (2009:5) observation that impairments must be seen as physical while their disability should be considered as a social construct and a phenomenon. This has placed the study in context that educational environments must be explored for challenges and needs of learners with disabilities instead of focusing on the impairments of the learners.

Secondly, the Social Model of Disability is chosen to guide this study because, from the reviewed literature, most studies (Williams et al 2008:11; Brunton & Gibson 2009:5; Naidoo 2010:11) on disabilities used the model as their guide as a result of its relevance to disability issues. In addition, the study investigated the challenges and needs of learners with disabilities in an IHE. In order to accomplish this, the data collection instrument was guided by the key areas identified in the Social Model of disability (Figure 3.2). This made it possible for the instrument to explore and interrogate the participants on challenges inherent in the learning institution pertaining to access, equity, environment, culture, etc.

Another importance of the Social Model of Disability is that it has exerted a lot of impact and influence on developing the human rights approach to disability. CCL (2007:5) argues that the Social Model of Disability has fundamentally changed the way in which disability is perceived and has had a major impact on inclusive educational legislations and policies across the world, including South Africa.

In South Africa (South Africa (Republic). DoHE 2012:54), among the legislations and policies that emanated from the Social Model perspective are the *South African Schools Act No 84 of 1996*, the *White Paper 6 of 2001 on Special needs Education and Building an Inclusive Education and Training System* as well as the *White Paper 3 of 2007 on the Transformation of the Higher Education System*. All these acts and policies were geared towards inclusion, equity and equal access across the education landscape for learners with disabilities. The product of the Social Model are the inclusive legislations and policies that have and continue to play a pivotal role in supporting access to and integration of learners with disabilities at IHEs (FOTIM 2011:22).

In terms of this study, it is the institution's inability to adapt the learning environment to suit the needs of learners with disabilities that would cause social exclusion and create challenges for this group of learners. This Social Model, therefore, was developed not only with the aim of acknowledging barriers within society but to ensure that these barriers are removed so that people with disabilities can have equal opportunities as everyone else in their daily lives. In IHEs, academic lives of learners with disabilities will be easier if institutional barriers are removed and their needs are addressed in

accordance with the prescripts of the Social Model. Above all, all aspects of this study have been informed by the principles of the Social Model of Disability.

3.2.3 Inclusive Education Model

In addition to the Social Model of Disability, Inclusive Education Model was applied in this study in order to give the study an educational perspective. Unlike the Social Model of Disability which focuses broadly on disability and macro-economic, political and social structure of society, Inclusive Education Model narrows its focus on the learner and the education system. Abhiyan (2008:30) defines the Inclusive Education Model as an educational model that views the education system as a problem to the learner. In other words, it is the system (with all its components) which should be changed, modified and made flexible enough to accommodate the diverse needs of all learners including learners with disabilities (Abhiyan 2008:30).

Learners with disabilities do not only encounter challenges within the society as explained by the Social Model but the system of education also impacts on their learning experiences. According to the South Africa DoE – Guidelines on Inclusive Education (South Africa (Republic). DoE 2005:6), one needs to examine the impediments that exist in the system which prevent people with disabilities from accessing learning. The Inclusive Education Model, therefore, is a conceptual framework for ensuring the following:

- Providing the necessary support system to enhance the learning potentials of all learners irrespective of their disability status.
- Addressing learning difficulties by reforming curriculum and teaching pedagogy.
- Addressing issues of access and equity for active participation of learners with disabilities (South Africa (Republic). DoE 2005:6); Open University 2006:1; Abhiyan 2008:30).

The ideology of Inclusive Education is not unique for all countries. It varies across a range of social, cultural, historical, political, economical and priority issues. In South Africa, the transformation in education has focused very much on redressing the past injustices, inequalities and imbalances which had made better education exclusive for

only a few privileged citizens at the expense of the majority (Klu & Quan-baffour 2006:286).

The South Africa DoE – Guidelines on Inclusive Education (South Africa (Republic). DoE 2005:7) acknowledges that various barriers to learning exist within the education system which make learners vulnerable to exclusion and learning breakdown. To address the imbalances of the past education legacy, The Department of Education adopted the Inclusive Education Model (Figure 3.3).

The structure of the Inclusive Education Model is presented in Figure 3.3 below.

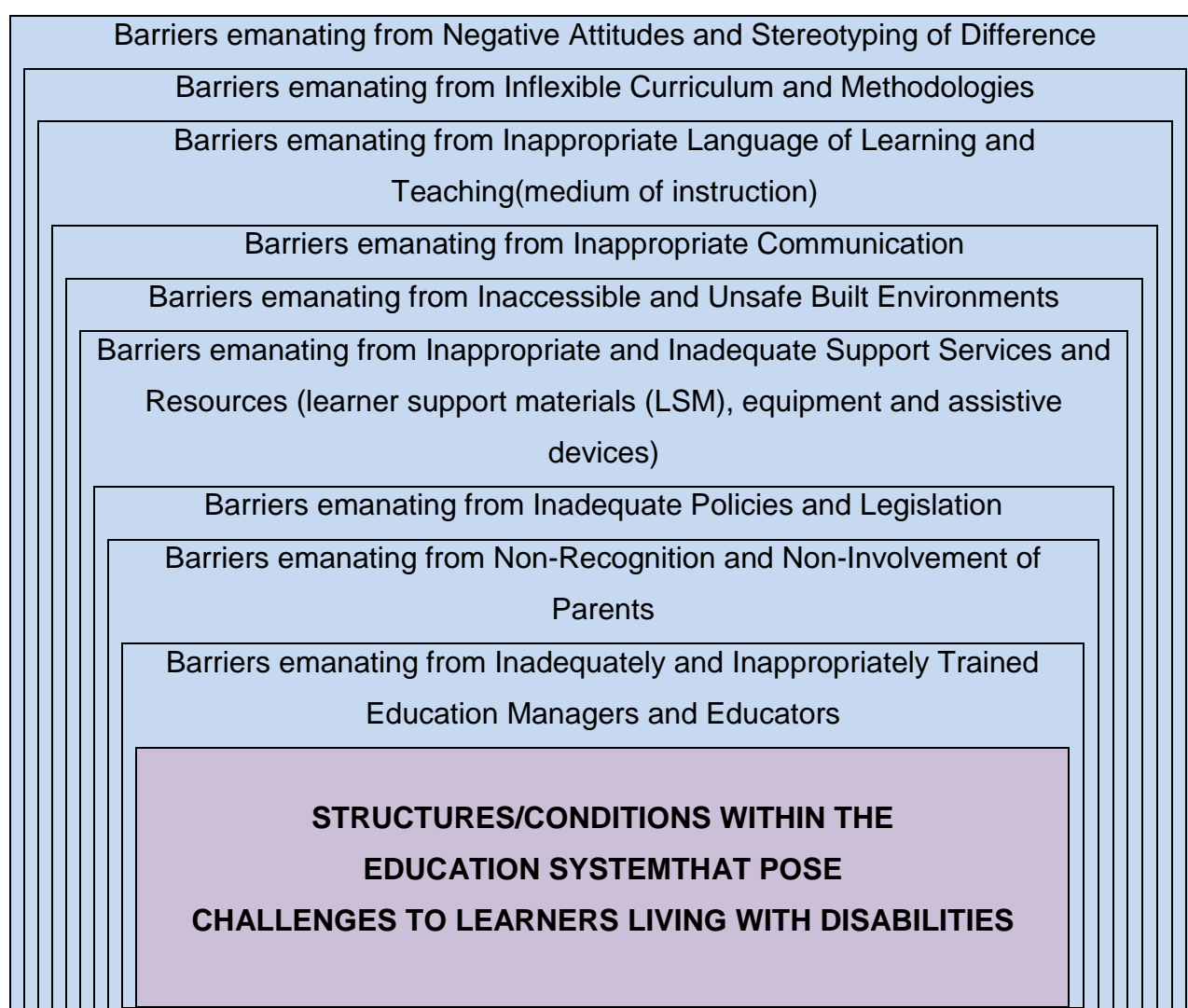


Figure 3.3: Inclusive Education Model in South Africa

(Adapted from South Africa (Republic). DoE 2001:19; South Africa (Republic). DoE 2005:7-8)

In the Inclusive Education Model, the key problematic elements are identified as likely to impact on the learners with disabilities (South Africa (Republic). DoE 2005:7). These key elements are outlined and explained below:

- **Negative attitudes and stereotyping of difference:** this element can affect the social integration of learners with disabilities especially the emotionally sensitive and unstable learners. It can lead to withdrawal, depression, suicidal attempts etc.
- **An inflexible curriculum and methodologies:** this element can lead to exclusion, high failure and attrition rates.
- **Inappropriate language of learning and teaching:** this can lead to learning difficulties and exclusion especially for hearing impaired learner who may need sign language.
- **Inappropriate communication:** breakdown in communication between learners with peers and other stakeholders will likely result in isolation and feeling of not being recognised as part of the social community.
- **Inaccessible and unsafe built environments:** this can pose a lot of challenge to visually and physically impaired learners. It will deny them access to essential facilities and services.
- **Inappropriate and inadequate support services and resources:** this can lead to denial of the right to be provided with essential learning support materials, assistive devices and psychosocial care and support.
- **Inadequate policies and legislation:** this can lead to lack of provision made for learners with disabilities in the institutional culture and practices. E.g. lack of policy in admission of learners with disabilities may deny them with essential concessions that must be made for them during admission.

- **Non-recognition and non-involvement of parents:** parents are important stakeholders in education. Being given recognition will help give moral, social and family support to learners with disabilities and the institutions.
- **Inadequately and inappropriately trained education managers and educators:** without adequately trained educators and managers, learners with disabilities will not be given professional care and may be abused.

The choice of this model is not by accident, but by proper consideration of its inherent importance in education, specifically for the marginalised learners. The model identifies obstacles within the educational system that must be removed to ensure the proper integration of the learners with disabilities. In addition, the model is very important because it also highlights the impact the key elements in the model can have on learners with disabilities. It also allowed the challenges and needs of learners with disabilities to be investigated across a wide range of critical domains as identified in the model. These domains include unsuitable learning environments; poorly designed infrastructure, inflexible curriculum and teaching methodologies as well as lack of technological assistive devices.

3.2.4 Huitt's Transactional Model of Teaching and Learning

The study also adopted the Huitt's Transactional Model of Teaching and Learning because it supplements the social and the inclusive education models. Whilst the Social and Inclusive Education Models place disability in a broader context of social environment and educational system respectively, this framework explores education within the core business context of where teaching and learning takes place. The Inclusive Education and Huitt's models are not independent of the Social Model, they rather complement it.

In an inclusive education, the mode and fashion of curriculum delivery play an important role in the learning experience of learners with disabilities who are supposed to be the central figure in the inclusivity framework. The contact session between the student and the instructor is very crucial in terms of needs and support in order to achieve the expected outcomes in learning.

Figure 3.4 depicts the Huitt's Transactional Model which focuses on a range of domains such as inputs, processes, outcomes, and contextual factors that can impact on teaching and learning. The research considers these domains as crucial in the learning experiences for learners with disabilities.

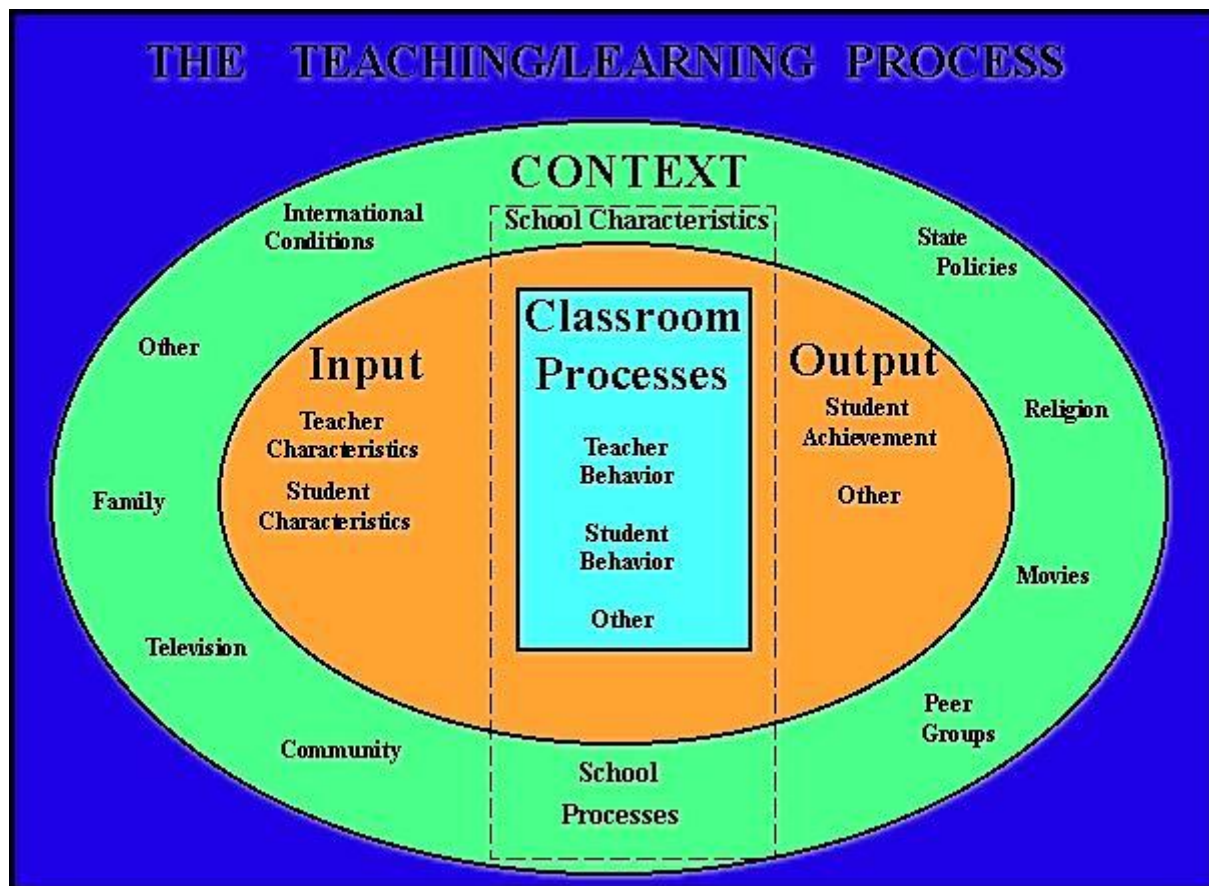


Figure 3.4: Huitt's Transactional Model of Teaching and Learning

(Adopted from McIlrath & Huitt 1995:3)

The model attempts to categorise and organise all the variables that might be used to answer the question, "Why do some students learn more than other students" (McIlrath & Huitt 1995:1). To answer this, the model classifies the process into four categories as explained below in the context of learners with disabilities:

- **Context:** the context explores factors outside of the classroom that may influence teaching and learning. For learners with disabilities family and home backgrounds, community environments and psycho-social support systems can all impact on their learning.

- **Input:** the input process interrogates inherent characteristics such as disability, gender, ethnicity, etc of learners and teachers that can impact on teaching and learning.
- **Classroom processes:** the classroom processes take into account teacher and learner interface, relationships, attitudes and behaviours. Learners with disabilities need to learn in a climate that is conducive to their learning needs.
- **Output:** the output process is the measure of the end product. This process has to do with learner attainment and preparation for independent living and career prospects (McIlrath & Huitt 1995:5). Higher education plays a role in human capital development and for learners with disabilities, achieving the desired outcomes will make them competitive and less dependent.

The model, therefore takes into cognisance all aspects that play key roles in accomplishing both learning and teaching outcomes.

The model is adopted for the reason that it seeks to explore four domains of inputs, classroom processes, outcomes and contextual factors which are crucial in the teaching and learning process. In addition, the model seeks to endorse learner-centered approach where learner needs and circumstances are explored and considered in the teaching and learning process. It is crucial for educators/lecturers to develop inclusive teaching. Center for Instructional Development and Research (2008:1) defines inclusive teaching as:

“...means of teaching in ways that do not exclude students, accidentally or intentionally, from opportunities to learn.”

This implies that based on the circumstances of each learner, the educators/lecturers will be able to identify the learning needs of each learner, can adjust their teaching methodologies and provide the necessary support in order to enhance the learning of all learners.

3.3 CONCLUSION

In this chapter, three interrelated models that underpinned the study were outlined in details. The Social Model of Disability being the main model was complemented by the Inclusive Education Model and the Huitt's Transactional Model of Teaching and Learning. As explained earlier, the latter two models are not independent of each other; but they are mutually linked and embedded in the Social Model (Figure 3.1). All these models appropriately guided the study to address the research topic on challenges and needs of learners with disabilities in an IHE. The chapter also discussed the strengths and limitations of the models used as well as the justification for their choice.

Chapter 4 will discuss the research methodology used to address the research objectives. Furthermore, the chapter will also describe the procedures and steps followed during the conduct of the study.

CHAPTER 4

RESEARCH DESIGN AND METHODS

4.1 INTRODUCTION

This chapter provides a detailed account on the research methods and processes followed in this study. The chapter also describes the study setting identified for the current study, and explains the sampling procedure and data collection tool used to obtain data from participants. Furthermore the chapter explains the data analysis method used and issues pertaining to validity and reliability of the instrument. Ethical considerations relevant to the study are also presented.

4.2 RESEARCH DESIGN

4.2.1 Research paradigm

De Vos et al (2012:40) refer to paradigm as a model or pattern containing a set of legitimated assumptions and a design for collecting and interpreting data. In other words, a paradigm dictates the research agenda of the period by defining what problems count as legitimate scientific problems and more importantly, what would constitute acceptable solutions to such problems (Mouton 2009:15).

According to Creswell (2009:6), beliefs held by researchers will always lead them to embrace a qualitative, quantitative or mixed approaches in their research under four different paradigms (worldviews) such as post-positivism, constructivism, advocacy/participatory and pragmatism. The study investigated the challenges and needs of learners with disabilities in an IHE. To ensure that the desired information was obtained from the participants in this study, the researcher adopted the quantitative approach under the post-positivist paradigm.

4.2.1.1 Quantitative approach

According to Creswell (2009:7), a quantitative approach is a formal, objective, systematic and empirical process in which social phenomenon is investigated via statistical, mathematical or computational techniques. In other words, problems studied under the quantitative approach reflect the need to identify, analyse, measure, examine relationships and assess issues that influence outcomes (Burns & Grove 2009:23).

The researcher identified the quantitative approach as the most appropriate for this study. In addition, the quantitative approach was adopted in this study because the study variables such as challenges and needs of learners at UNIVEN are measureable, quantifiable, and comparable and could be analysable using statistical techniques.

4.2.2 Research design

Mouton (2009:107) defines a research design as a set of guidelines and instructions to be followed in addressing the research problem. According to Burns and Grove (2009:218), a research design guides the researcher in planning and implementing the study in a way that is likely to achieve the intended goal. From these definitions, a research design must seek to ensure that there is a synergy between the research process and the objectives of the study.

In this study a descriptive cross-sectional design was used. Burns and Grove (2009:241) describe this design as a quantitative and descriptive design that examines groups of subjects in various stages of development, trends, patterns and changes simultaneously across stages. In other words, it seeks to determine the current status of population characteristics at one point in time while also attempting to discover the relationships among variables (Brink 2008:105; Vanderstoep & Johnston 2009:41).

The use of a descriptive cross-sectional design in this study is justified as it allowed a once-off administration of the survey tool in order to obtain data among the study participants, i.e. learners with disabilities. Using this design was most appropriate in the sense that data was examined at one point in time across different categories of learners with disabilities.

4.3 RESEARCH METHOD

Vanderstoep and Johnston (2009:308) define a research method as:

“the strategies and processes involved in conducting research studies.”

These strategies and processes followed by the researcher were outlined and presented in the sections that follow.

4.3.1 Research setting

Research setting is the location where a study is conducted (Burns & Grove 2009:362). In this study, the research setting was UNIVEN and its geographical location is shown in Figure 4.1below.

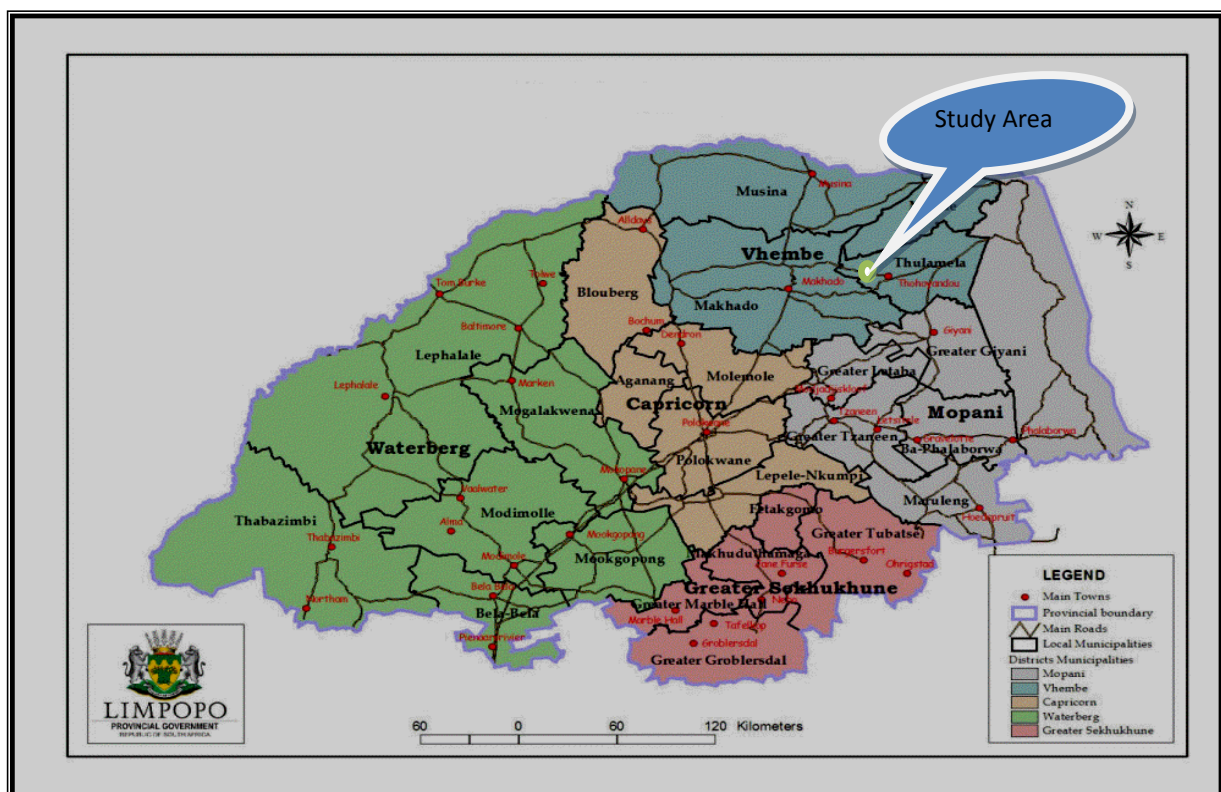


Figure 4.1: Area map of the research site

(Adopted from Wikipedia 2011:1)

The University of Venda is situated in the Vhembe district of the Limpopo province of South Africa. It is the Northernmost district of South Africa and shares its Northern border with Beitbridge district in Matabeleland South, Zimbabwe and Botswana to the Northwest as well as Mozambique to the east (Municipal Demarcation Board 2006:1).

The University was established in 1982 basically like other historically disadvantaged black homeland universities such as the University of Transkei and University of Zululand to serve poor rural communities. As a historically black institution, it is grossly under-resourced with rugged physical topography. Above all, this institution has infrastructure and facilities of which most are not disability friendly. Notwithstanding these obstacles, by the year 2010, UNIVEN had an enrolment of about 11 000 learners of which 141(1.3%) of them were learners with disabilities (UDU 2010:2). On one hand, by right, learners with disabilities are required to be admitted and supported alongside with their non-disabled counterparts in an inclusive institution of learning such as UNIVEN; but on the other hand, it is quite another thing for the institution to make all reasonable adjustments and provisions to address the challenges and needs of these learners.

4.3.2 Sampling procedure

4.3.2.1 Target population

A target population is the entire group of people or objects that are of interest to the researcher and hence meet the criteria the researcher is interested in (Katzenellenbogen & Karim 2007:94; Vanderstoep & Johnston 2009:26).

The target population for this study included all the learners with disabilities who were studying at the UNIVEN during the period of the study. In order to avoid any methodological challenges associated with determining who the 'learners with disabilities' were for this study, the researcher focused only on those learners with disabilities listed on the database of the University of Venda Disability Unit (UDU). In other words, the target population for this study comprised of all the learners with disabilities who were registered for either an undergraduate or a post-graduate programme at the UNIVEN during the 2011 academic year. The current study excluded all the learners who did not register their disability statuses at the UDU.

4.3.2.2 Sampling

A sample is a subset of the population that is selected for a particular study, and sampling defines the process for selecting a group of people, events, behaviours, or other elements with which to conduct a study (Burns & Grove 2009:41). However, for the purpose of this study, all learners with disabilities whose names were obtained from the database of the learners registered with the UDU were recruited to participate in this study. This approach enabled the researcher to have the most representative sample which served as a true replica of the target population. In other words, this is a total population study.

4.3.2.3 Sample size

On the database of the UDU, there were only 132 learners with disabilities. Due to the small number involved and to avoid excluding some disability categories in the study, the researcher did a total population survey. That is, all the learners with disabilities who were registered at the UDU became the target population as well as the sample for the study. This gave equal chance to any registered learner with disabilities to be part of the study. By recruiting all the registered learners with disabilities, selection bias was avoided since the sample was 100.0% representative of the true target population.

4.3.3 Data collection

Data collection involves applying the measuring instrument to the sample or cases selected for investigation (Mouton 2009:67). In this study a structured data collection instrument was used to obtain data from participants.

4.3.3.1 Data collection approach and method

According to Katzenellenbogen and Karim (2007:117), data are as good as the measurement instrument used to collect and measure the characteristics of interest in a study. For this reason, before embarking on data collection process, the researcher had collected preliminary data from the staffs who were working at the UDU. The purpose of this exercise was to use the findings from the preliminary survey to develop and enrich the main instrument that would be used in the study.

The study aimed at gathering information based on the challenges and needs of learners with disabilities; hence, a quantitative self-report instrument was used. Vanderstoep and Johnston (2009:66) define self-report method of data collection as a technique whereby data are collected by asking participants to answer questions on their own by completing a survey questionnaire. This method was chosen because of the efficiency with which large volumes of data can be collected and analysed (Vanderstoep & Johnston 2009:66).

4.3.3.2 Development and testing of the data collection instrument

In designing the instrument, the researcher took into account the findings from the preliminary survey conducted among the staff members at the UDU. The development of the instrument was also guided by the Social Model of Disability, the Inclusive Education Model, and the World Health Organization Disability Assessment Schedule (WHODAS 2011:1). Furthermore, a wide range of literature was consulted and inputs from the supervisors of the project as well as a statistician were used to review and shape the instrument in order to suit the context of the study setting.

The instrument was structured with both closed and open-ended questions to ensure that other unquantifiable attributes and perceptions were also accommodated. Concepts and phenomenon being investigated were explicitly accounted for in the instrument and found to be consistent with previous successful and comparable projects and literature.

Pre-testing of the instrument was carried out involving an intern and three learners with disabilities who volunteered to take part in this exercise. Pre-testing helps to investigate the wording and the clarity of the questions and constructs in a questionnaire. It also helps to assess the reliability, validity and objectivity of the instrument (Akinsola 2005:115; Katzenellenbogen & Karim 2007:116). Valuable feedback received from the pre-testing results was used to rephrase and modify some aspects of the questionnaire thus making it user friendly and more meaningful to the participants.

4.3.3.3 *Characteristics of the data collection tool*

The study aimed at collecting data on a wide range of issues pertaining to the challenges and needs of learners with disabilities in an inclusive IHE. The data collection instrument was, therefore, a structured questionnaire which included a variety of closed and open-ended questions. The open-ended questions were included to capture a variety of qualitative responses so as to enhance and enrich the quantitative data.

The questionnaire comprised of 11 sections which ranged from obtaining data about the participants' socio-demographic characteristics to disability grant management. The various sections of the tool are described hereafter:

- **Section 1: Participants' socio-demographic information**

This section comprised of 13 open and closed ended questions which explored participants' personal and family backgrounds as well as their ethnicity and race.

- **Section 2: Participants' disability status**

In this section, 15 disability categories that best described the condition of the participants were presented in a tabular form. Questions on the functional limitations as the result of their impairments were asked. Other questions that were asked from participants pertained to their participation in social life. Provisions were also made for participants to make their comments and provide further explanations or clarification where necessary

- **Section 3: Participants' educational background**

This section was meant to investigate participants' educational background at both tertiary and pre-tertiary levels. It also enquired about the programmes they were registered for and the number of times they repeated the courses or study units whiles enrolled at the IHE.

- **Section 4: Participants' learning experiences and challenges**

The open-ended questions in this section explored the learning experiences and challenges as well as their needs across curricular activities, including teaching, learning and assessments. It also explored the challenges that impede their learning with regard to learning materials, assistive devices, and teaching methodologies employed by their lecturers.

- **Section 5: Assessment of environmental conditions and facilities**

In this section the participants were asked to assess the environmental conditions and facilities at UNIVEN using the Likert scale. According to Vanderstoep and Johnston (2009:54), Likert scale is a five-point scale anchored by bipolar adverbs in which respondents indicate their degree of agreement with a stated attitude or judgment. The rating used in this section varied from "1=very poor" to "5=very good"; and it also made provision for comments and expressions to justify participants' rating.

- **Section 6: Participants' experiences regarding the support groups and services at UNIVEN**

This section dwelled on the participants' assessment of the support and services received from various role players using the Likert scale rating which varied from "1=very poor" to "5=very good". It also, made provision for the participants' views and comments to justify their responses.

- **Section 7: Participants' psychosocial encounters and challenges**

This section comprised of questions that explored the challenges encountered by the participants in their social context. Questions asked required either "yes" or "no" responses from the participants. In this section, provisions were also made for the participants to express their experiences and challenges in their social life at UNIVEN.

- **Section 8: Knowledge about disability rights**

This section aimed at exploring the participants' awareness about the rights of disabled people. Participants were given a range of disability rights and they were expected to respond with either a "yes" or "no" answer with regard to their knowledge about those rights.

- **Section 9: Comparisons of tertiary and pre-tertiary challenges and encounters among participants**

This section included questions that requested the participants to provide answers about their personal encounters to a range of areas in the pre-tertiary and tertiary domains. The areas included social life, environmental access and support services for the learners with disabilities. Participants were provided with response options that included "true", "false" or "the same".

- **Section 10: Other encounters, challenges and needs.**

This section consisted of open-ended questions. It aimed at exploring participants' challenges and needs with respect to:

- learning
- teaching
- social life
- curricular and extracurricular activities
- institutional policies
- Services that impact on participants' lives

- **Section 11: Information regarding social grants**

This section explored issues related to disability grants. The section also made provisions for participants to express their views and suggestions regarding social grants and other sources of support for learners with disabilities.

Sections four, five, six and nine focused on the context of the institution where the study was carried out. The administration of the instrument took place in the institution where the participants were enrolled as learners.

4.3.3.4 *Data collection process*

Ethical approval to carry out the study was granted by the Research Ethics Committee of the University of South Africa (UNISA). In addition, permission was obtained from the Research and Innovation Directorate of the University of Venda, the Council on Higher Education, Teaching and Learning (CHETL) office, and the UDU.

A few days prior to data collection, the researcher liaised with the staff members of the UDU to discuss about issues pertaining to the research protocol, gaining access to the participants and also collecting data from them. Suitable dates and place to collect data were negotiated and arranged with the participants. This was done in order to avoid disrupting the participants' daily routines.

Informed consent forms were distributed to the participants through the arrangement agreed upon between the researcher and the unit staffs. Special arrangements were also made to assist the learners who experienced difficulty in understanding and completing the consent forms, especially those learners who were totally blind.

Data collection started from the second week of October and lasted until the end of November 2011. The majority of the participants preferred to complete the questionnaires in their hostels in order to enjoy their privacy. Participants with severe impairments were allowed to make use of individuals who often acted in loco parentis for them. In addition, enough time was given to those participants who needed special assistance to complete the questionnaires.

4.3.3.5 *Ethical considerations related to data collection*

Katzenellenbogen and Karim (2007:31) refer to Gostin's definition of ethics as principles and values that guide actions among public health system actors, which are designed to promote health and prevent injury and disease in the population. Creswell (2009:89) points out that as researchers anticipate data collection, they need to respect the

participants and the sites for research. For the purpose of according respect to the participants, the following ethical considerations were followed during the course of this study:

4.3.3.5.1 Ethical permission

The researcher was granted ethical clearance approval by the Research Ethics Committee of the department of Health Studies at the University of South Africa to conduct the study. In addition, the researcher obtained an internal ethical clearance approval from the Research and Innovation Directorate of UNIVEN on 27 September, 2011 to conduct the study.

Since the study involved learners with disabilities, permissions to conduct the study were also received from the CHETL office, the Disability Unit office, the Dean of students' affairs, the Students Representative Council (SRC) and the hostel superintendent.

4.3.3.5.2 Informed consent

Informed consent was not only a moral issue but was also at the heart of this study. According to Akinsola (2005:118) and Katzenellenbogen and Karim (2007:35), participants in a study have the right to give voluntary informed consent by being made fully aware about what is expected of them and the nature of the study.

Based on this principle, the researcher informed all the participants about the study topic, the purpose, type of information and level of commitment required of them. Thereafter, the participants signed the consent forms to participate in the study. However, those with severe disability condition agreed to be assisted by the persons they appointed.

4.3.3.5.3 Confidentiality

According to Burns and Grove (2009:196), confidentiality is the researcher's management of private information shared by a subject that must not be shared with others without authorisation of the subject. Participants in this study were assured that

all the research information given by them would be treated in strict confidence. They were also informed that research related materials, including raw and processed data involving participants would be kept confidential and inaccessible to the public.

4.3.3.5.4 Anonymity

Henning et al (2004:73) acknowledge that anonymity issues can be crucial and sensitive in instances where the theme of the research inevitably solicits private matters, such as a mental disease, an addiction problem, fraud etc. In this regard, the instrument used did not make provisions for the disclosure of the participants' names or identifications or sensitive information. Furthermore, the final product of the study did not link the participants to any findings.

4.3.3.5.5 Right to fair treatment

The right to fair treatment demands that each person should be treated fairly and should receive what is due to them (Burns & Grove 2009:198). In this study, every participant, irrespective of the nature of their disability, was treated with courtesy and fairness. Virtues, such as patience, openness and tolerance, were exercised by the research team under the supervision of the researcher. The participants were also told to report any cases of unfair treatment to the researcher's office.

4.3.3.5.6 Right to privacy

Burns and Grove (2009:194) argue that privacy is an individual's right to determine the time, extent, and general circumstances under which personal information will be shared with or withheld from others. As different types of disabilities may require different types of environmental needs, the researcher and his team collected data at convenient places chosen by the participants themselves. The majority allowed data to be collected in their cubicles.

4.3.3.5.7 Freedom from harm

Trochim (2006:2) states that ethical standards require that researchers do not put participants in a situation where they might be at risk of harm physically or

psychologically as a result of their participation in a study. In this regard, data from all participants were collected from the study site which posed no danger to anyone. Secondly, the instrument did not have sensitive questions that could cause emotional stress to any participant.

4.3.3.5.8 Freedom from exploitation

For a research not to be considered exploitative, the researcher should reassure the subjects that information divulged by them would not be used against them or for personal gains (Akinsola 2005:117). In this study, the researcher assured the participants that the study was meant to investigate only their challenges and needs with the aim of developing good practice disability guidelines for IHEs. They were further assured that no aspect of the study would be commercialised or held against them.

4.3.3.5.9 Benefits from the research

The study highlighted issues affecting learners with disabilities in an IHE. The guidelines developed from this study would help influence policy decisions in education.

4.3.3.5.10 Risk/benefit ratio

Burns and Grove (2009:200) explain that risk-benefit ratio is determined on the basis of the maximised benefits and the minimised risks. This study did not involve any clinical trial on the participants and none of the participants incurred any risks. Instead, based on the findings of this study, good practice disability guidelines were developed to be used in IHEs.

4.3.3.5.11 The right to self-determination

According to Burns and Grove (2009:189-190), self-determination implies that human beings are capable of controlling their destiny, hence they should be treated as autonomous agents who have the freedom to conduct their lives as they choose without external controls. In this study, the decision to participate was solely made by the participants without any coercion or promise of incentives. Participation was voluntary,

and participants were not under any contractual obligation to be held liable for any breach.

4.3.3.5.12 The right to full disclosure

According to Akinsola (2005:118), the researcher must fully spell out the nature of the study, the subjects' right to decide whether to participate in the study or not, the likely risks and benefits associated with the study etc. In this study, all participants and the staff members of the UDU were fully made aware of all aspects of the study including the right to withdraw from the study at any stage and the benefits associated with the study.

4.3.3.5.13 The rights of vulnerable group

Vulnerable group includes persons who have diminished autonomy or are vulnerable and less advantaged because of legal or mental incompetence, terminal illness, or confinement to an institution (Levine 1986 cited in Burns & Grove 2009:190). In this study, the researcher acknowledges that some of the participants with more severe impairments (e.g. totally blind learners) may lack the ability to fully comprehend information about the study and to make decisions regarding participation or withdrawal. In the light of this, the researcher allowed those learners with severe impairments to be assisted by persons of their choice to ensure that none of their legal rights were violated during and after the study. Above all, the staffs of the DU were also asked to play a monitoring role during the process of collecting data from the participants.

4.3.4 Data analysis

Burns and Grove (2009:695) describe data analysis as a process conducted to reduce, organise, and give meaning to data. The quantitative approach allowed data to be collected in numerical format making use of nominal, ordinal, and ratio scales. All questionnaires were carefully scrutinised and verified before being fed into the computer for analysis.

The researcher used the Statistical Package for the Social Sciences (SPSS) version 19 and the Microsoft Excel to perform the descriptive and inferential statistical analyses. Data were summarised and presented in pictorial, tabular and graphical format. Measures of central tendency (mean, median and mode) and dispersion (standard deviations, range, etc) were also calculated for some of the demographic data like age. In testing for relationships between categorical variables, Pearson's Chi-square (χ^2) and Fischer Exact Tests of associations were used. The statistical significance level of testing (p-value) was set at $p = 0.05$ in all cases. In responses requiring Likert scale assessment with rating from "1=very poor", "2=poor", "3=fair", "4=good" and "5=very good," the mean ranking was performed. The test statistics used for the mean ranking was the Friedman Test. This ranking allows the comparison of the mean rating over a range of domains, and the higher the mean rating the higher the preference (Vanderstoep & Johnston 2009:54).

The SPSS was also used to capture and analyse participants' responses to open-ended questions and open-ended responses were expressed in frequencies and percentages.

4.4 INTERNAL AND EXTERNAL VALIDITY OF THE STUDY

According to Vanderstoep and Johnston (2009:59), a study is deemed valid and reliable if the measures of phenomenon in the study accurately reflect the constructs and yield the same results across time, circumstances and groups of people. In other words, the study must ensure that biases are eliminated or reduced to the barest minimum; and at the same time the findings from the study must generalise to other samples, populations or setting (Vanderstoep & Johnston 2009:106).

4.4.1 Validity

- **Face validity**

Dawson and Trapp (2004:289) define face validity as the degree to which a questionnaire appears to be measuring what it is supposed to measure. In other words, face validity refers to the suitability of a given instrument as a source of collecting accurate data on the subjects under investigation, which in this study are challenges and needs of learners with disabilities. During the instrument development, the

researcher took the necessary steps to eliminate ambiguity in choice and use of words and terms so as to enhance clarity, accuracy and readability of the content of the instrument (Brink 2008:160). In addition, the researcher also aligned the flow of questions in the instrument to the objectives of the study.

- **Content validity**

Content validity pertains to the extent to which the items or behaviours fully represent the concepts being measured (Vanderstoep & Johnston 2009:59). Prior to developing the data collection instrument, the researcher reviewed a wide range of literature on the topic pertaining to disability and the methods used to collect data as well as the models on disability. In addition, the researcher had conducted a preliminary survey among the staffs of the UDU to acquaint himself with possible areas relevant to the study. The researcher also conducted an environmental and facility assessment of the study setting in order to ensure that the content of the instrument was enriched. To ensure that all domains pertaining to the research topic were covered, the instrument was subjected to thorough scrutiny by the experts in the field including the project supervisors.

- **Construct validity**

According to Unite For Sight (2011:2), construct validity refers to the extent to which a researcher can claim that accurate inferences can be made from the operationalised measures in a study for the theoretical constructs on which they were based. In other words, construct validity is concerned with generalising from the specificities of a study to the broader concept that the study attempts to measure or draws conclusions. It is the extent to which a theoretical construct can be empirically validated (Brink 2008:162). In this study, construct validity was ensured by adapting the instrument from the WHODAS 2.0 assessment schedule on disability so that the variables and concepts being investigated were precisely measured without any ambiguity. Furthermore, the design of instrument was also guided by consulting a wide range of literature on similar studies as well as the research experts (including the supervisors of the project) who ensured that the variables and concepts of interest were properly operationalised.

4.4.2 Reliability

Reliability (dependability) is the extent to which a measure yields the same scores or results each time it is applied in the same context, with the same methods and the same participants (Brink 2008:163; Vanderstoep & Johnston 2009:62). The researcher in this study adopted a number of strategies to ensure that the study was reliable. In the first place, the study design was carefully chosen and approved by the project supervisors. Secondly, the sample for this study was truly representative of the population in that the study recruited all the sampling units in the target population. Prior to the commencement of data collection, the researcher ensured that all members of his research team were properly trained and appealed to the participants to be honest in filling in the instrument. The instrument was also subjected to pre-testing to ensure it was precise, concise, and objective so as to eliminate all ambiguities (Akinsola 2005:115).

According to Dawson and Trapp (2004:412), reliability of an instrument can be measured by correlation using Cronbach's alpha (α) for quantitative measures. Reliability of the instrument was carried out by checking the similarity of the participants' responses through a test-retest administration of the instrument on a few (11) participants who availed themselves to fill in the questionnaire for the second time. This exercise involved the application of the Cronbach's alpha which measures the degree ($0 \leq \alpha \leq 1.0$) of internal consistency of the instrument or the degree to which the items in an instrument are correlated (Dawson & Trapp 2004:287; Vanderstoep & Johnston 2009:63). The result yielded an alpha (α) value of 0.81 which was compared to alpha values in Table 4.1 below. The conclusion was that there was a good correlation between the test-retest responses for the study.

Table 4.1: Cronbach's alpha reliability coefficients

$\alpha < 0.5$	$0.50 \leq \alpha < 0.6$	$0.6 \leq \alpha < 0.7$	$0.7 \leq \alpha < 0.8$	$0.8 \leq \alpha < 0.9$	$\alpha \geq 0.9$
Unacceptable	Poor	Questionable	Acceptable	Good	Excellent

(Adopted from George & Mallery 2003:231 cited in Gliem & Gliem 2003:87)

4.5 CONCLUSION

This chapter began by highlighting the research methodology followed in this study. It explained the research approach and design adopted for the study and their justifications. The chapter also described in detail the population, sampling and the data collection instrument and its features. In addition, issues pertaining to data collection procedure and method, data analysis and ethical considerations complied with in the current study were highlighted. In this chapter, ethical issues at the stage of sampling and data analysis have been described asserting that the standard followed was driven to meet high ethical standards. This chapter also described in detail issues pertaining to the internal and external validity of the study. The next chapter will present the analysis, description and presentation of the research findings.

CHAPTER 5

ANALYSIS, PRESENTATION AND DESCRIPTION OF RESEARCH FINDINGS

5.1 INTRODUCTION

This chapter presents and describes the research findings based on the analysis of data obtained from learners with disabilities at UNIVEN. This chapter presents results on participants' demographic information, nature of their disabilities as well as their academic and social needs and challenges. Results of the environmental and facilities inspections as well as photographs taken are also shown in this chapter.

5.2 DATA MANAGEMENT AND ANALYSIS

5.2.1 Data collection and handling approach

A self-administered questionnaire comprising of both closed and open-ended questions was used to collect data from participants. The instrument comprised of eleven sections which solicited to gather data on the challenges and needs of learners with disabilities at UNIVEN. Environmental and facilities inspections were conducted in order to triangulate data reported by participants.

5.2.2 Data analysis approach

According to Burns and Grove (2009:695), data analysis is a process conducted to reduce, organise, and give meaning to data. It also involves drawing certain conclusions including statistical inferences based on the empirical evidence (Mouton 2009:111).

The researcher engaged the services of a statistician who assisted in developing a suitable data capturing template for entering data before being captured electronically. The electronic output was carefully scrutinised to ensure that all responses were captured. Above all, the computer output was cross-checked and verified against the

completed questionnaires in order to eliminate any form of bias that could arise from data capturing.

Furthermore, the Statistical Package for the Social Sciences (SPSS) version 19 and the Microsoft Excel were used to analyse data collected. In addition, further data management was performed using cross-tabulation to provide summary measures of associations between some of the key variables of this study.

5.3 RESEARCH RESULTS

A total of one hundred and thirty two questionnaires were distributed to all learners with disabilities registered at UNIVEN for the academic year 2011 and sixty seven were returned, giving a response rate of 51%.

5.3.1 Socio-demographic profile of the participants

5.3.1.1 Nationality and ethnicity

The analysis showed that all the 67 participants were South Africans, of which 56 (84.8%) were from the Limpopo province, 8 (12.1%) from Mpumalanga province and equal proportions 1 (1.5%) were from Gauteng and KwaZulu-Natal provinces. Among those who were from the Limpopo province, the majority 31 (46.3%) came from the Vhembe District where the study was conducted.

5.3.1.2 Age

Three participants did not indicate their age groups, giving a total response of sixty four. Figure 5.1 shows the participants' age distribution and the analysis showed that the minimum age was 19 years and the oldest participant's age was 44 years. The analysis further showed that participants' age distribution is positively skewed with 56 (85.0%) of them being 30 years and below. Whilst the modal age group was 23-26 years, the mean age was 26.58 years with a standard deviation of 4.69.

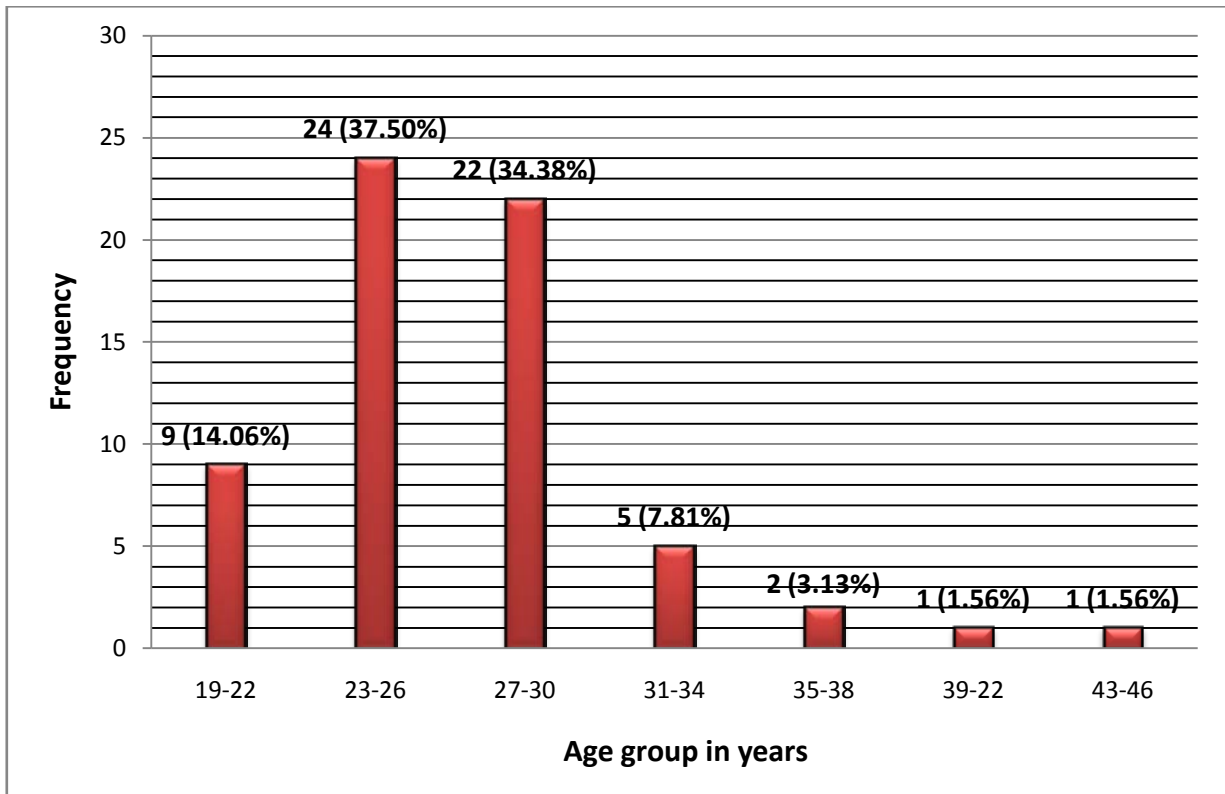


Figure 5.1: Age distribution of the participants (N=64)

5.3.1.3 Other sample characteristics

Other demographic characteristics of the sample are shown in Table 5.1 and the analysis showed that 34 (50.7%) were males and 33 (49.3%) were females. Most of the participants 62 (92.5%) were single, 48 (75.0%) indicated that they had no children while the rest 16 (25.0%) had one or more children. Furthermore, 60 (89.6%) were Christians and 24 (36.0%) depended on people other than their biological parents for their living and support. There were some non-responses to some of the questions posed in this section.

Table 5.1: Participants' gender, religion and marital statuses

Gender	Male		Female		Total	
n (%)	34 (50.7%)		33 (49.3%)		67 (100.0%)	
Marital status	Married		Single		Total	
n (%)	5 (7.5%)		62 (92.5%)		67 (100.0%)	
No. of children	None	One	More than one		Total	
n (%)	48 (75.0%)	13 (20.3%)	3 (4.7%)		64 (100.0%)	
Religion	Christian	Muslim	Others		Total	
n (%)	60 (89.6%)	0 (0.0%)	7 (10.4%)		67 (100.0%)	
Dependency	Mother	Father	Both Parents	Others	Total	
n (%)	25 (37.9%)	4 (6.1%)	13 (19.7%)	24 (36.0%)	66 (100.0%)	
Economic status of parents/guardians	Very poor	Poor	Moderate	Rich	Very rich	Total
n (%)	12 (19.0%)	21 (33.3%)	28 (44.4%)	1 (1.6%)	1 (1.6%)	63 (100.0%)

5.3.2 Disability and chronic conditions among the participants

5.3.2.1 Nature of disability and chronic conditions reported

Figure 5.2 shows the nature of the disabilities reported by the participants. The analysis showed that 28 (41.8%) of the participants had mobility impairment followed by those with visual impairment 20 (29.9%) and albinism 9 (13.4%). The analysis further showed that 3 (4.5%) of the participants had multiple disabilities. Also found in this study are chronic conditions such as bipolar mood disorder 1 (1.5%) and epilepsy 3 (4.5%) as shown in Figure 5.2.

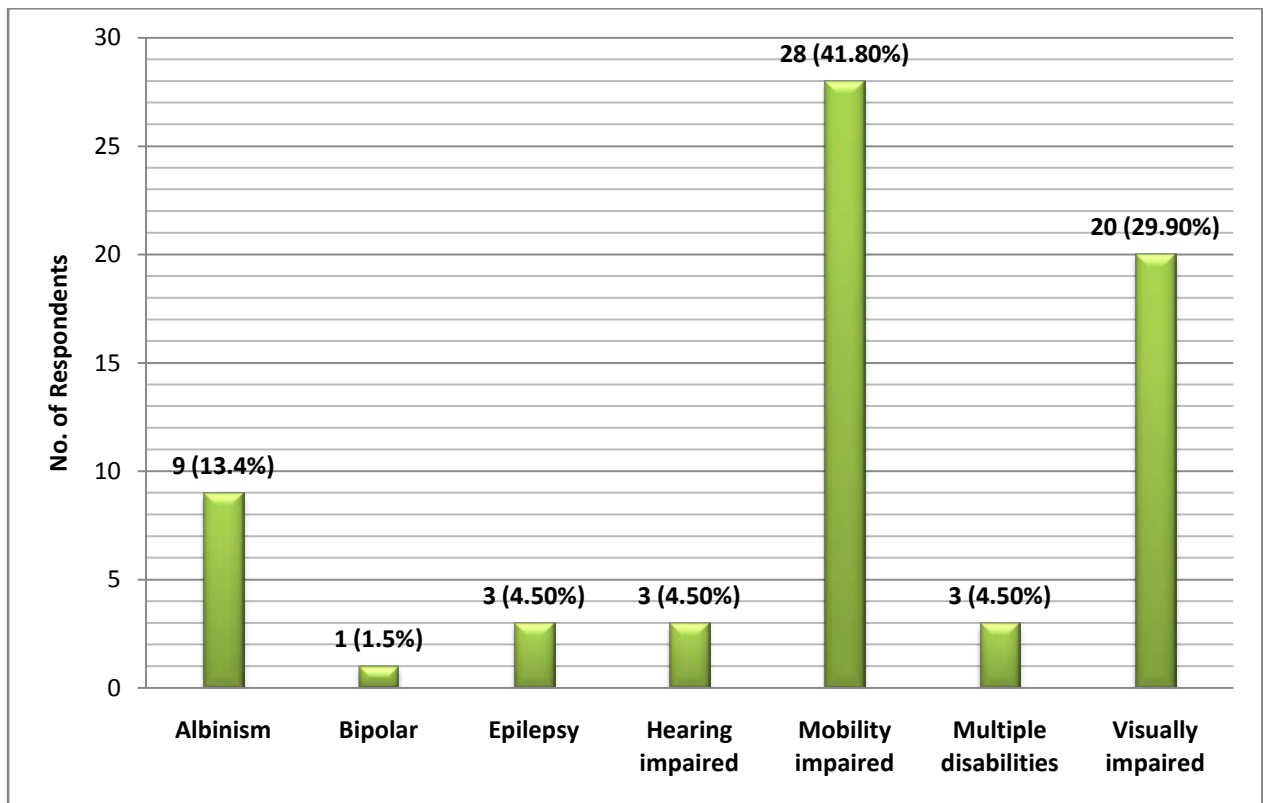


Figure 5.2: Participants' categories of disability and chronic conditions (N=67)

5.3.2.2 Issues pertaining to disability and chronic conditions of the participants

As shown in Table 5.2, 43 (64.2%) of the participants stated that they were born with their disabilities while a minority 2 (3.0%) indicated that they were not sure how they acquired their disabilities. Regarding whether the participants were worried about their disabilities or not, the analysis showed that 48 (73.8%) of them reported that they were not worried about the nature of their disabilities whilst 17 (26.2%) indicated that they were worried. On the question of whether they had any doubts about achieving their dreams in life, an overwhelming number 54 (84.4%) said yes. Responding to the need for medical attention, only 18 (27.3%) stated that they required regular medical attention.

When participants were asked if they experienced any difficulties in carrying out their day to day domestic chores as a result of their disabilities or chronic conditions 61 (91.0%) said yes while 6 (9.0%) reported that they could not perform their daily routines without the assistance from others.

As shown in Table 5.2, less than a third, 20 (32.8%) of the participants indicated that the physical environment at UNIVEN was not adapted to suit their convenience.

Table 5.2: Disability related questions and responses

Questions	Responses N(%)			Total
	Yes	No	Unsure	
Were you born with your disability?	43 (64.2%)	22 (32.8%)	2 (3.0%)	67 (100.0%)
Do you worry about your disability?	17 (26.2%)	48 (73.8%)		65 (100.0%)
Any doubts about achieving your dreams and aspirations in life?	10 (15.6%)	54 (84.4%)		64 (100.0%)
Does your disability/chronic condition require regular medical attention?	18 (27.3%)	48 (72.7%)		66 (100.0%)
Can you perform daily routines without any assistance?	61 (91.0%)	6 (9.0%)		67 (100.0%)
Is the physical environment well adapted to suit your disability needs?	41 (67.2%)	20 (32.8%)		61 (100.0%)

5.3.3 Nature of education received by participants

5.3.3.1 Pre-tertiary education

In this section, not all the participants responded to the question on the type of pre-tertiary institution attended. As shown in Figure 5.3, slightly over half 34 (54.0%) of the participants indicated that they received their pre-tertiary education in mainstream secondary schools while 29 (46.0%) reported that they attended pre-tertiary special schools that were solely designed for learners with disabilities.

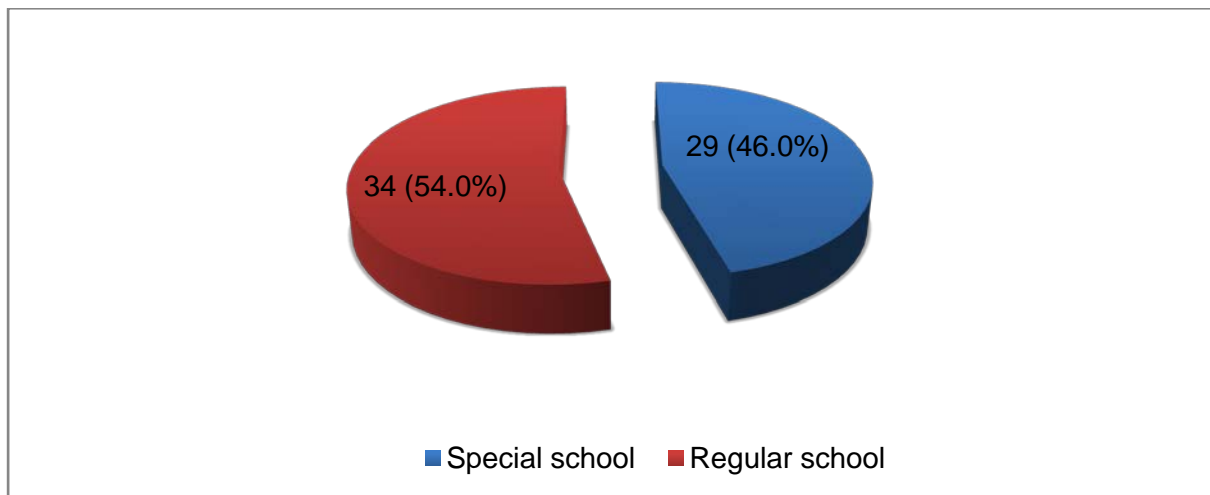


Figure 5.3: Nature of pre-tertiary school attended (N=63)

5.3.3.2 Participants' programme of study

As detailed in Figure 5.4, a total of 65 participants responded to the question regarding their field of study. An overwhelming majority 57 (87.7%) indicated that they were enrolled in undergraduate level of study while the remaining participants 8 (12.3%) stated that they were at a postgraduate level of study.

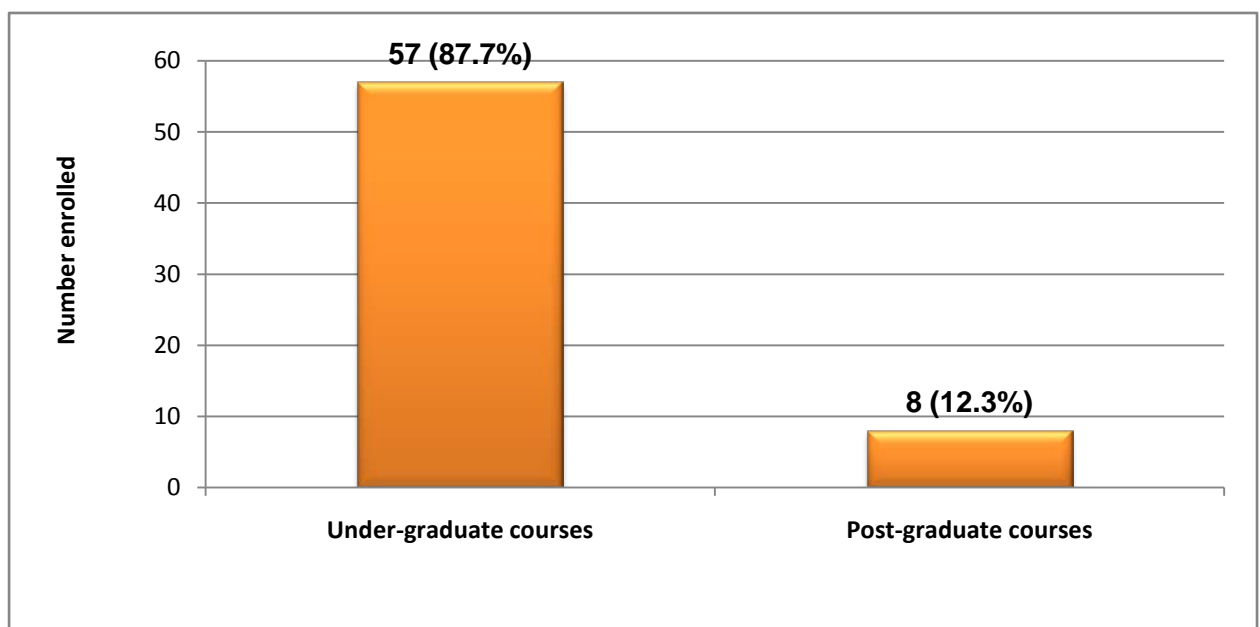


Figure 5.4: Distribution of participants' programme of study (N=65)

5.3.3.3 Distribution of participants across schools

Participants were also asked to indicate the school that they belonged to at the UNIVEN. Figure 5.5 shows that the majority 25 (37.3%) of the participants were enrolled in the School of Mathematical and Natural Sciences, followed by those from the School of Human and Social Sciences 16 (23.9%). Schools that had the least enrolment of learners with disabilities include the Schools of Law 3 (4.5%), Education 2 (3.0%) and Environmental Sciences 1 (1.5%) as depicted in Figure 5.5.

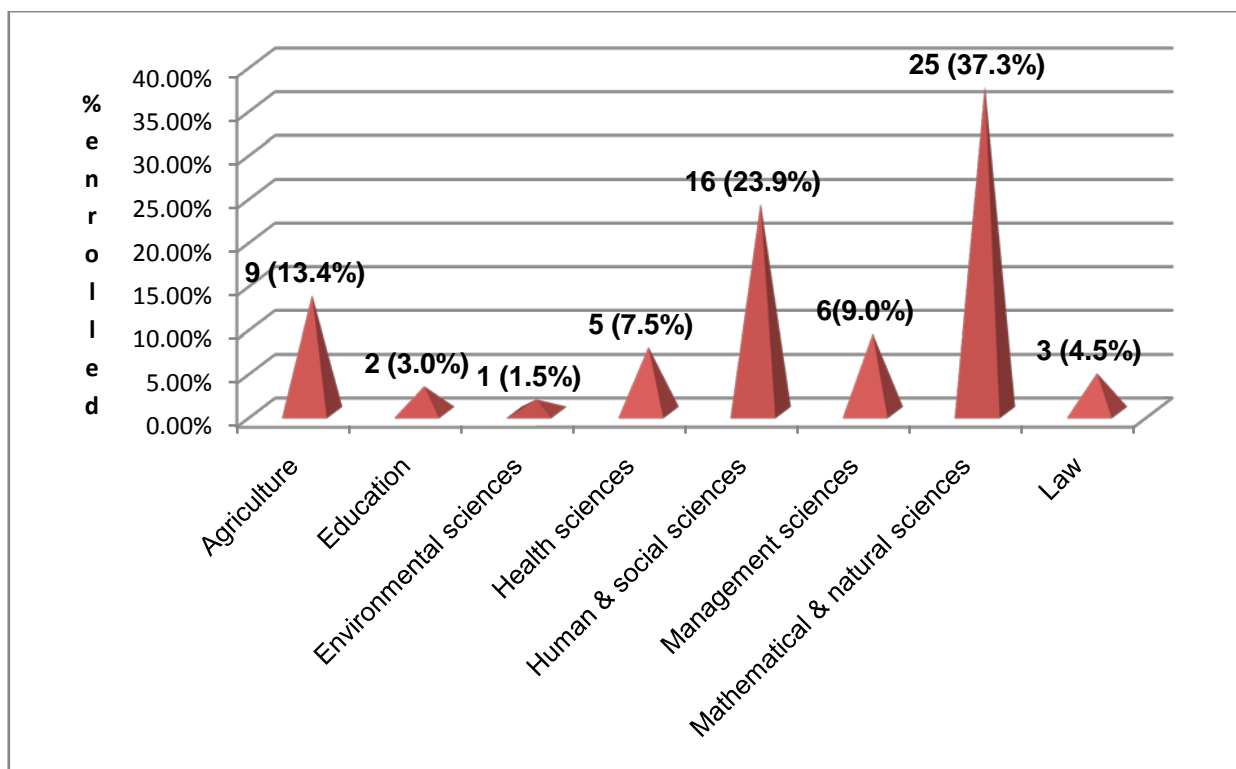


Figure 5.5: Participants' school/faculty enrolment (N=67)

5.3.3.4 Year of first enrolment by participants at the study site

Participants were asked to indicate their first year of enrollment at UNIVEN. As shown in Figure 5.6, most (16, 25.0%) of the participants indicated that they first enrolled in 2007. This was followed by those who enrolled at UNIVEN in 2011 academic year (11, 17.2%). Only small proportions of 2 (3.1%) and 1 (1.6%) of the participants reported having been enrolled at UNIVEN as far back as 2001 and 2004, respectively implying that some of the participants have been in the study site for about 10 years prior to conducting the current study.

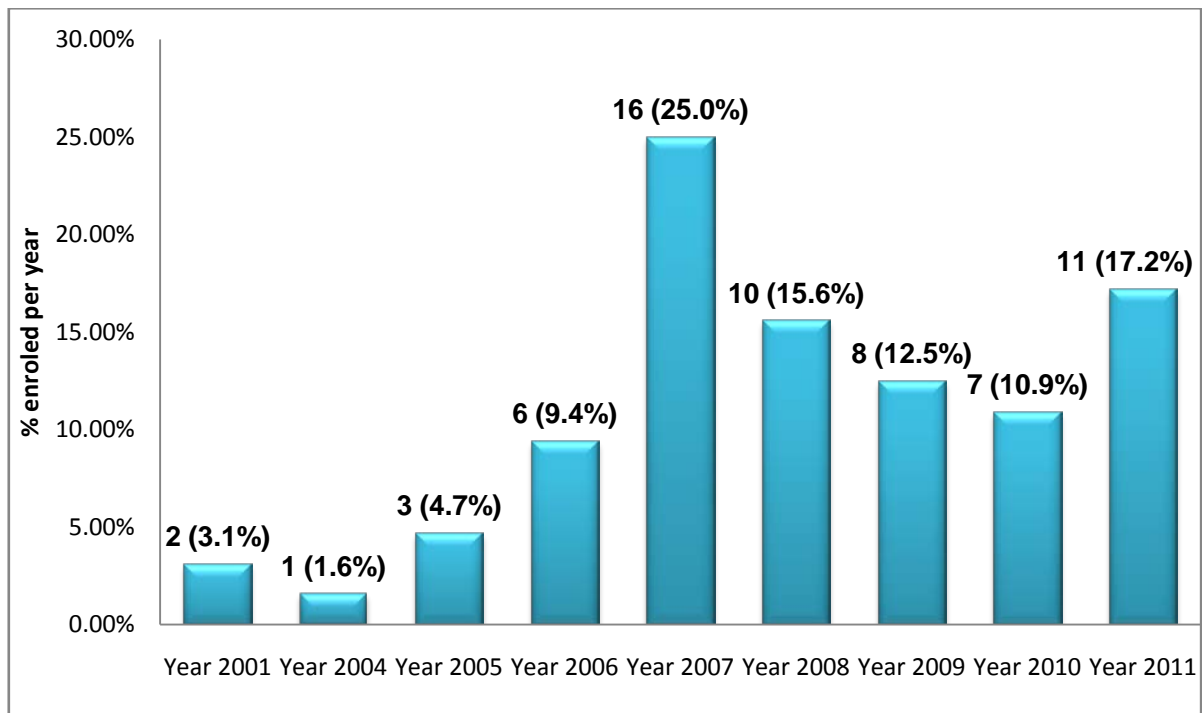


Figure 5.6: Distribution of participants' first year of enrolment at the UNIVEN (N=64)

5.3.3.5 Participants' level of study and subjects registered for

Participants were asked to indicate their fields of studies and the analysis showed that 14 (20%) were studying business related subjects such as Accounting, Economics, Commerce and Auditing, 11 (16%) indicated that they were studying Law and International Relations whilst 8 (12%) were studying Human Resource and Public Management.

Figure 5.7 shows the level of study as reported by the participants during the time of conducting this study. The analysis showed that 33 (50.0%) of the participants were at the third year of their studies; 13 (19.7%) were at the second year, 11 (16.7%) were at the fourth year while 8 (12.1%) were at the first year of study. Only 1 (1.5%) indicated the fifth year of study. Participants who were at the fourth and fifth levels of study were enrolled at postgraduate levels (i.e. Honours and Masters degrees).

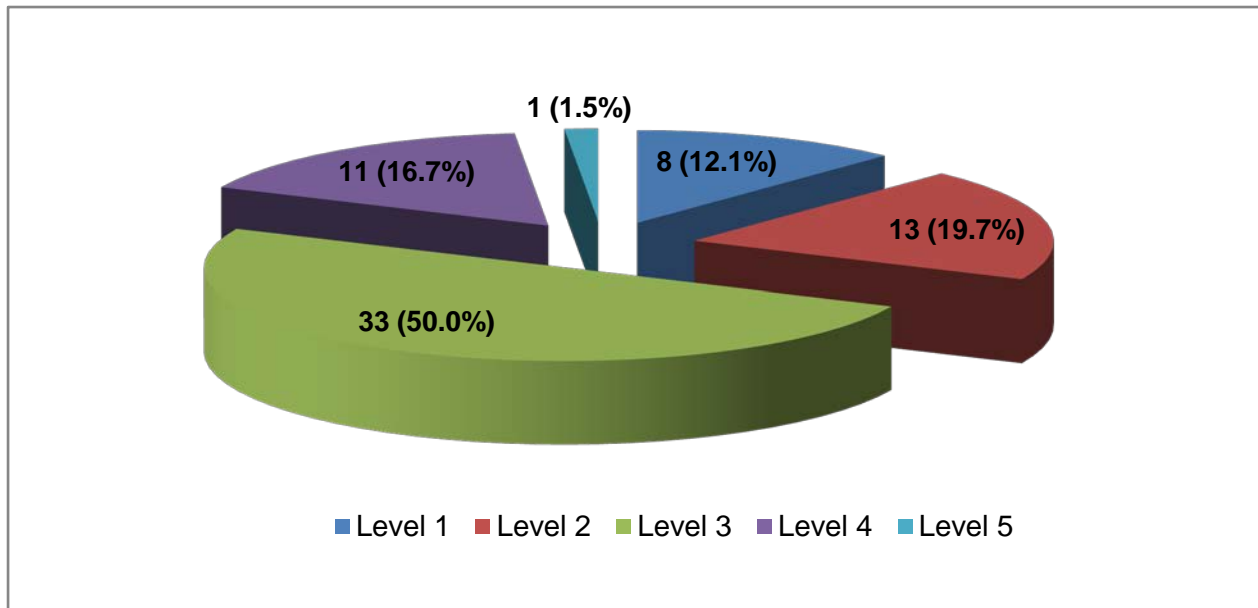


Figure 5.7: Participants' level of study (N=66)

5.3.3.6 Responses on courses repeated by participants

In response to the question on the number of times the participants ever repeated the course (s) registered for during their studies, only about a quarter (16, 25.4%) of those who responded to this question said they never repeated any course as shown in Figure 5.8. Furthermore, as indicated in the same figure, 23 (36.5%) indicated that they repeated the course (s) once, 18 (28.6%) repeated them twice and the remaining participants 6 (9.5%) stated that they repeated some of the course (s) registered for more than twice.

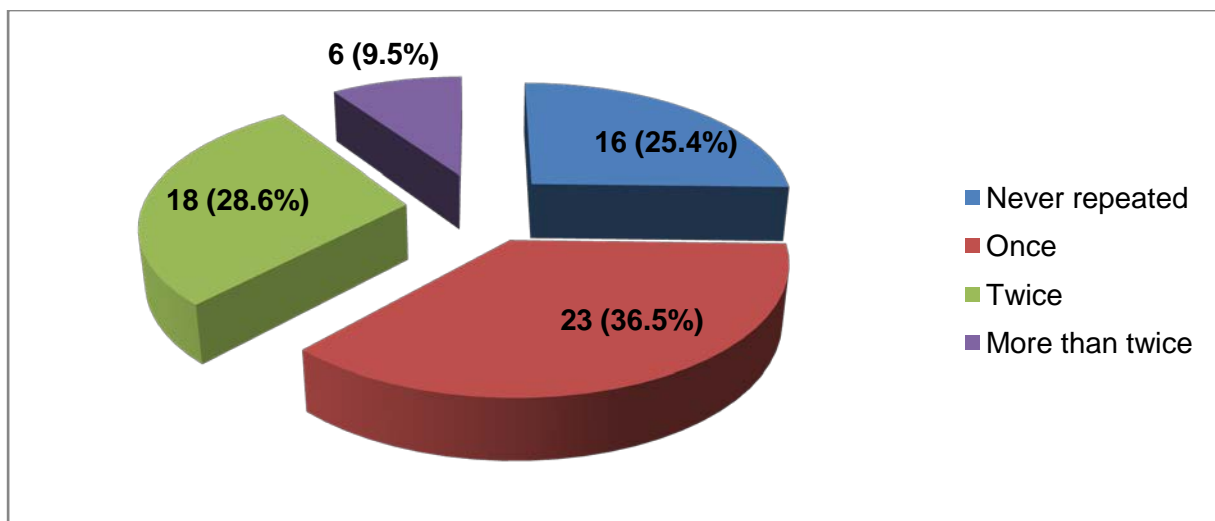


Figure 5.8: Frequency of courses repeated by participants (N=63)

5.3.4 Challenges and needs of learners with disabilities

5.3.4.1 Academic challenges and needs

Table 5.3 (i) illustrates the participants' responses in relation to their needs and challenges pertaining to academic issues at UNIVEN. As shown in Table 5.3 (i), not all the 67 participants responded to all the questions related to their academic needs and challenges. Most (60, 89.6%) of the participants rejected the notion that disability was not a challenge for them to be admitted to study at the UNIVEN or in any other IHE. Twenty seven (41.5%) and 23 (35.4%) of the participants stated that their disabilities impacted on their choices of courses and during lectures, respectively.

Regarding the issues pertaining to lecturers' teaching approaches and their (lecturers) knowledge of disability issues, as well as the nature of learning materials provided, the majority (52, 80%) of the participants reported that lecturers did not use teaching aids to assist and enhance learning for learners with disabilities. Almost three out of four participants (50, 74.6%) reported that lecturers were not trained and equipped to satisfactorily be able to manage the learning needs of learners with disabilities at UNIVEN and in other IHEs.

In addition, whilst half (33, 50.0%) of the participants stated that some lecturers did not attend to the special needs of learners with disabilities during lectures, only about a quarter (16, 25.4%) of them agreed to the statement that special/remedial classes were often provided by some lecturers to assist learners with disabilities (Table 5.3 (i)). In addition, almost three-quarters (47, 74.6%) of the participants indicated that it was false to suggest that special or remedial classes were often organised to assist the learners with disabilities. Also, about a quarter (17, 26.2%) of the participants said it was true that learners with disabilities were disadvantaged when it came to assessment tasks and examinations compared with students with no disabilities.

Table 5.3 (i): Learning and teaching challenges

Participants' learning and teaching challenges	Responses N (%)		Total
	True	False	
My disability made it difficult for me to get admission to a tertiary institution	7 (10.4%)	60 (89.6%)	67 (100.0%)
My disability limits my choice of courses in the institution	27 (41.5%)	38 (58.5%)	65 (100.0%)
My disability poses a barrier during lectures with non-disabled counterparts	23 (35.4%)	42 (64.6%)	65 (100.0%)
Assistive devices and technological equipment are adequate for learning needs of disabled students	47 (72.3%)	18 (27.7%)	65 (100.0%)
Non-disabled students consider my disability a drawback to their learning in class	13 (20%)	52 (80%)	65 (100.0%)
Lecture notes, hand-outs, etc are suitable for my disability	34 (51.5%)	32 (48.5%)	66 (100.0%)
Lecturers use teaching aids to assist me because of my disability	13 (20%)	52 (80%)	65 (100.0%)
Special/remedial classes are often organised to assist the learners with disabilities	16 (25.4%)	47 (74.6%)	63 (100.0%)
Lecturers are more flexible in their teaching methods because of learners with disabilities	23 (35.9%)	41 (64.1%)	64 (100.0%)
Lecturers are trained to handle issues of learners with disabilities to our satisfaction	17 (25.4%)	50 (74.6%)	67 (100.0%)
Some lecturers ignore disabled students during lectures	33 (50%)	33 (50%)	66 (100.0%)
Disabled students are disadvantaged when it comes to assessment tasks and exams	17 (26.2%)	48 (73.8%)	65 (100.0%)
Lecturers do follow-ups on disabled students when we are not coping academically	20 (31.3%)	44 (68.8%)	64 (100.0%)
Special arrangements are made to accommodate learners with disabilities during academic and fieldtrips, etc	26 (41.9%)	36 (58.1%)	62 (100.0%)

Participants' open-ended responses on learning challenges and needs

The analysis of participants' open-ended responses showed different types of challenges experienced by them which related to their learning at the study site. Table 5.3 (ii) shows that some (22, 33.0%) of the participants reported that they encountered challenges with regard their vision and hearing which affected their ability to learn in class. In addition, a small proportion (7, 10.5%) expressed that the lecture halls were inaccessible to them and 2 (3.0%) stated that they experienced challenges pertaining to the late delivery of their study materials such as Braille.

As shown in Table 5.3 (ii), 16 (24.0%) and 15 (22.5%) of the participants attributed their academic challenges to poor teaching methodologies by their lecturers and the use of unsuitable teaching resources respectively. Other challenges reported by other participants of equal proportions include the lecturers' lack of understanding of disability issues encountered by learners with disabilities at UNIVEN and lack of support as well as poor interpersonal relationships exhibited by some of the lecturers (4, 6.0%).

Table 5.3 (ii): Other teaching and learning challenges reported by participants

Learning and teaching challenges	Frequency (n)	Percentage (%)
Difficulties in seeing, hearing and learning in lecture halls	22	33
Unsuitable lecture halls in terms of access, distance from residence, free movement, no ramps, etc	7	10.5
Double periods, time to change and move between lessons, having concurrent classes, etc affect my learning	3	4.5
Disability poses a barrier during lectures and attendance	4	6
Late delivery of study materials e.g. Braille	2	3
Limited time for taking notes, assessment tasks e.g. tests, examination	7	10.5
Library lacks suitable resources for learners with disabilities e.g. books, internet facilities	7	10.5
Library not accessible in terms of distance, lack of ramps, lifts, etc	3	4.5
Poor teaching methodology by lecturers e.g. no knowledge of teaching learners with special educational needs, impatient	16	24
Lack of support and poor interpersonal relations by some lecturers e.g. show of arrogance, hostile attitude, lack of follow-ups, feedback, etc	4	6
Lecturers' lack of understanding of disability issues- undermine us, lack of cooperation	4	6
Some lecturers' offices are inaccessible to some of us	1	1.5
Unsuitable teaching resources e.g. lecture-notes, audio-visual aids, computers and other assistive devices	15	22.5

Table 5.4 below, depicts the responses given by participants to the open-ended questions regarding challenges experienced in curriculum, accessing LSM, etc. Among the participants, 13 (19.5%) felt that the higher education curriculum was a source of challenge to them because they felt it was unsuitable and difficult (Table 5.4). Without mincing words, 5 (7.5%) of the participants specifically mentioned Mathematics and Accounting as the most problematic subjects in their curriculum.

Assistive devices and LSM are crucial in achieving learning outcomes of learners with disabilities. The challenges expressed by participants pertaining to LSM were also shown in Table 5.4. Whilst 10 (15.0%) of the participants indicated that they never received assistive devices and LSM, 4 (6.0%) of participants stated that assistive devices were not compatible with their disabilities.

Table 5.4: Challenges pertaining to curriculum, learner support materials and assistive devices

Challenges	Frequency (n)	Percentage (%)
Curriculum is unsuitable, difficult	13	19.5
Curriculum does not accommodate some students e.g. blind	1	1.5
Disability limits my course in-take	2	3
Too many modules to learn	1	1.5
Disadvantaged when it comes to test and examination	2	3
No practical's	1	1.5
Mathematics and accounting are a problem	5	7.5
Never received assistive devices and other support materials	10	15
Assistive devices not compatible with my disability	4	6
There is lack of assistive devices e.g. glasses, motorised wheel chairs, computers, recording systems, etc	4	6
Assistive devices are inadequate and are provided late	10	15

Besides the challenges about learning and teaching reported by the participants in this study, they were also asked to express their needs in the context of learning, teaching, services, policies, access to facilities and essential services, etc.

As shown in Table 5.5, more than half or 37 (55.5%) of the participants reported that they wanted to have access to assistive devices, LSM and others to enhance their learning. Even though access to the library was also an issue as reported by 2 (3.0%) participants, 7 (10.5%) of them stated that they needed a well equipped library with up to date books and materials suitable for their needs and depending on the nature of their disability, e.g. those with visual impairment.

Among the teaching needs reported by participants (Table 5.5), 10 (15.0%) indicated that they needed trained lecturers who would be able to deal with the nature of various disabilities. In addition, the same proportion (10, 15.0%) stated that they needed

lecturers to provide them with suitable (i.e. in accordance with the nature of the impairment suffered) lecture notes and materials.

Table 5.5 shows that equal proportions of the participants (5, 7.5%) reported that their curriculum needed some flexibility, competent lecturers, updating and provision of appropriate LSM. Also 2 (3.0%) of the participants indicated that the current assessment methods should be flexible in terms of time allocation for writing tests and examinations for students with disabilities.

Table 5.5: Participants' learning and teaching needs

Areas of needs	Frequency (n)	Percentage (%)
Access to lecture halls and other facilities e.g. library	2	3
Access to suitably adapted learning materials	3	4.5
Access to learning aids e.g. Braille, LSM, computers, internet, transport, spectacles, recording system, etc.	37	55.5
Front seats to be reserved for learners with disabilities	1	1.5
All courses to be provided with study guides	1	1.5
Materials should be provided in time	2	3
Well equipped library with up to date books and materials	7	10.5
Lectures must be provided through electronic means	2	3
Need more lecturers	1	1.5
Lecturers should be aware of the needs of learners with disabilities	3	4.5
Accessible and well adapted lecture venues and facilities to accommodate learners with disabilities	8	12
Avoid long lectures	1	1.5
We need equal treatment and no discrimination	4	6
Lecturers need training on how to deal with learners with disabilities	10	15
We need more support and suitable teaching methodology from lecturers	4	6
Lecturers must provide suitable lecture notes, materials, etc for all disability groups including the visually impaired	10	15
Lecturers must use audio-visual teaching aids e.g. microphone, projectors, recording system	8	12
Lecturers must do follow-ups	1	1.5
Need special library for learners with disabilities	1	1.5
Need improve visibility when using projectors	1	1.5
Need e-learning facilities	1	1.5
Curriculum needs flexibility to suit learners with disabilities	5	7.5
Curriculum needs competent lecturers	5	7.5
Curriculum needs updating and learner support materials	5	7.5
Not more than 6 courses for the curriculum	2	3
The curriculum requires flexible assessment methods including flexible time allocation during tests and examinations	2	3
Curriculum must include sign language for the hearing impaired	1	1.5
Every module must make provision of extended teaching to cater for the learning needs of learners with disabilities	2	3

5.3.4.2 Challenges regarding the learning environment for learners with disabilities

Table 5.6 shows participants' responses regarding the challenges they experienced regarding the learning environment at UNIVEN. The responses relate to participants' encounters and challenges regarding facilities, LSM and mobility to access various buildings on campus. The analysis showed that almost half or 31 (47.7%) of the participants reported that the nature of their disabilities affected their mobility on campus including attending seminars, tutorials, presentations, library, laboratory, etc. The analysis also showed that 28 (43.8%) of the participants reported that the physical environment at the study site constituted a great barrier in their learning in a sense that they were not able to access some of the facilities as they were confined to wheelchairs. More than half or 35 (53.8%) of the participants further stated that the nature of the physical environment at the study site made learners with disabilities more vulnerable to dangers and unsafe practices on campus.

Table 5.6: Environmental challenges reported by participants

Environmental challenges	Responses N (%)		Total
	True	False	
My disability affects my (access) attending seminars, tutorials, presentations, library, laboratory, etc	31 (47.7%)	34 (52.3%)	65 (100.0%)
The physical environment constitute a great barrier in my learning as a disabled student	28 (43.8%)	36 (56.3)	64 (100.0%)
The physical environment makes disabled students vulnerable to dangers	35 (53.8%)	30 (46.2%)	65 (100.0%)
Lecture halls, labs, libraries, etc are suitably adapted to suit my disability	37 (57.8%)	27 (42.2%)	64 (100.0%)

Over and above the participants' responses pertaining to environmental challenges, the researcher took photographs of the structural buildings and facilities used by learners with disabilities at the study site. The aim was to validate the responses from the participants and at the same time to enrich the findings of this study through visual images. It should be noted that the photographs taken and included in this chapter exhibit the nature of environmental and physical challenges faced by the learners with disabilities. This scenario is vividly depicted in Figures 5.9 (i) – 5.9 (iv).



Figure 5.9 (i): Photo of lecture hall without ramps used by learners with and without disabilities



Figure 5.9 (ii): Photo of uneven topography around the university administration block



Figure 5.9 (iii): Photo of a reflexive whiteboard unsuitable for the visually impaired learners



Figure 5.9 (iv): Photo of a neglected loose mat at one of the facilities on campus

Furthermore, more than half (35, 53.8%) of the participants indicated that the nature of the physical environment at the study site made learners with disabilities unsafe as they were highly vulnerable to dangers and Figures 5.10 (i) and 5.10 (ii) confirmed this assertion by the participants. As shown in the same Figures (5.10 (i-ii)), the physical environment at the study site did not only constitute dangers in terms of the physical layout and poor maintenance, but it also constitutes health risks to learners due to poor sanitation.



Figure 5.10 (i): Photo of the study environment littered with broken bottles



Figure 5.10 (ii): Photo of blocked drain pipes around the hostel that pose health risk

5.3.4.3 *Participants' psychosocial and extra-curricular challenges and needs*

Psychosocial and extra-curricular challenges and needs were also explored among the participants in this study. Participants were asked to respond to a set of questions pertaining to their social and psychological challenges. However, not all the participants responded to all the questions posed. The responses gathered are presented in Table 5.7 (i).

The analysis showed that about a third (21, 32.8%) of the participants reported being verbally abused as compared with other forms of abuse such as physical abuse (3, 4.5%) and rape (2, 3.0%). Although about three quarters (49, 74.2%) of the participants reported that they enjoyed special treatment as a result of their disabilities, 25 (38.5%) and 21 (32.8%) indicated that they experienced discrimination and stigmatisation as well as feelings of insecurity and being unsafe respectively. While 31 (46.3%) of the participants agreed to having confidence in their confidants, 15 (22.4%) reported in the affirmative that they experienced depression or self-pity as a result of their disabilities. In addition, almost a quarter (17, 25.4%) of the participants stated that they were feeling isolated while 20 (30.3%) reported that they felt they were being exploited because they had disabilities (Table 5.7 (i)).

Table 5.7 (i): Psychosocial challenges reported by participants

Areas	Responses N (%)		Total
	Yes	No	
Structure representation e.g. SRC	49 (75.4%)	16 (24.6%)	65 (100.0%)
Special treatment	49 (74.2%)	17 (25.8%)	66 (100.0%)
Having a confidant	31 (46.3%)	36 (53.7%)	67 (100.0%)
Depression/self-pity	15 (22.4%)	52 (77.6%)	67 (100.0%)
Feeling isolated	17 (25.4%)	50 (74.6%)	67 (100.0%)
Safety/security fears	21 (32.8%)	43 (67.2%)	64 (100.0%)
Threats	13 (19.7%)	53 (80.3%)	66 (100.0%)
Discrimination/stigmatisation	25 (38.5%)	40 (61.5%)	65 (100.0%)
Exploitation	20 (30.3%)	46 (69.7%)	66 (100.0%)
Rape	2 (3.0%)	64 (97.0%)	66 (100.0%)
Sexual harassment	2 (3.0%)	65 (97.0%)	67 (100.0%)
Verbal abuse	21 (32.5%)	43 (67.5%)	64 (100.0%)
Physical abuse	3 (4.5%)	64 (95.5%)	67 (100.0%)

5.3.4.4 Results of the participants' open-ended responses on challenges and needs

The social challenges experienced by the participants are presented in Table 5.7 (ii). The analysis showed that 13 (19.5%) of the participants expressed challenges in terms of discrimination in establishing associations with non-disabled counterparts at the study site. Another challenge worth mentioning is the unfriendly attitude of the non-disabled learners which was mentioned by 6 (9.0%) of the participants.

In response to the open-ended question on social needs, 21 (31.5%) of the participants expressed the need for awareness campaign on disability issues among learners without disabilities (Table 5.7 (ii)). In addition, 2 (3.0%) of the participants expressed the need for the provision of equal opportunities for learners with and without disabilities.

Challenges emanating from extra-curricular activities are also illustrated in Table 5.7 (ii). The analysis showed that 19 (28.5%) of the participants indicated that there was lack of support for disabled sporting activities at the study site, 5 (7.5%) mentioned lack of sports equipment for learners with disabilities as well as restriction in sport as their challenges.

As shown in Table 5.7 (ii), 27 (40.5%) of the participants reported that sports and recreational activities needed equipment, support and funding for the promotion of extra-curricular activities among the learners with disabilities. Also among the participants, 9 (13.5%) expressed the need for an all-inclusive extra-curricular activities whilst 5 (7.5%) reported that there was a need for equal opportunities in sporting colts.

Table 5.7 (ii): Participants' social and extra-curricular challenges and needs

Social and extra-curricular challenges and needs	Frequency (n)	Percentage (%)
Non-disabled "bodies" and students discriminate against disabled "bodies" in terms of having Associations, etc	13	19.5
People lack awareness and understanding of disability issues	2	3
Lack of entertainment for learners with disabilities e.g. social clubs, discussion groups	2	3
Unfriendly attitude from non-disabled learners	6	9
No information or advice on social life	1	1.5
Non-disabled learners need to be made aware of disability issues	21	31.5
Need more social clubs and entertainment	3	4.5
Need equal opportunities without discrimination	2	3
There is no support for disabled sporting activities, colts, etc	19	28.5
Disabled sport is too restricted	5	7.5
Lack of sporting equipment	5	7.5
Need for equipment, support and funds for disabled sporting activities and recreation	27	40.5
Need for all inclusive extra-curricular activities for all learners with or without disabilities	9	13.5
Equal opportunities in sporting colts	5	7.5

5.3.4.5 Other needs

Participants were also asked to express their needs in terms of the available relevant policies at the study site. As shown in Table 5.8, 10 (15.0%) of them indicated that there was a need for all-inclusive policy in the institution; 7 (10.5%) stated that the policy needs must include issues that will ensure their safety and protection without abuses and discrimination on campus.

Table 5.8 shows the various service needs expressed by the participants in response to the open-ended question on service needs. Seventeen (25.5%) of the participants

indicated the need to improve services with regard to safety, security, hostel, water and sanitation at the study site. Whilst 6 (9.0%) of the participants indicated the need for improvement of the academic support services, 3 (4.5%) stated that they preferred non-discriminatory services.

Table 5.8: Service and policy needs reported by participants

Service and policy needs	Frequency (n)	Percentage (%)
Need for all inclusive policy	10	15
Disability policies must be, improved, revised and enforced	8	12
Need for safety and protection without abuses and discrimination	7	10.5
Need for proper consultation with learners with disabilities before policy is drafted	3	4.5
Improve academic support services	6	9
Improve safety, security, hostel, water and sanitation services	17	25.5
Need for special services at cafeteria	2	3
Need for counselling services	2	3
Need non-discriminatory services	3	4.5

5.3.5 Environmental and facility assessment

A total of 56 participants responded to this question. Table 5.9 shows the result of the Friedman's test statistics used to carry out a rank test on seven domains in the learning environment. The domains included residences/dormitories, disability facilities, sanitation, etc. These domains were each rated by the participants using a five-point Likert scale. The rating key used included the following:

1=Very Poor, 2=Poor, 3=Fair, 4=Good and 5=Very Good

Based on the Friedman's test statistics, the higher the "mean rank", the higher the "preference" for such a domain. Table 5.9 summarises the ranking of the participants' responses. The analysis showed a significant difference among the seven different learning environments from the participants' responses based on the Friedman's test, $\chi^2(6) = 65.105$, $p=0.000$. This result, therefore, indicates that real differences existed among the facilities. Among the highest rated facilities were the residences where the

participants resided. The least rated facilities included recreational facilities and sanitation. In between the two extreme variables (residences and disabled sports/recreational facilities) lie disability facilities and physical environment which had mean ranking of 4.57 and 4.23 respectively. In addition, the environmental inspection done by the researcher validated these ranking. Figure 5.10 (i-ii) in section 5.3.4.2 clearly portrayed the real scenario.

Table 5.9: Environmental and facility ranking

The ranked domains in the learning environment	Mean rank	Test Statistics: Friedman Test
Residences/dormitories	5.23	N=56 Degrees of freedom=6 Chi-Square (χ^2)=65.105 Asymp. Sig (p-value)=0.000
Buildings – internal and external designs	4.57	
Disability facilities – toilets, beds, ramps, guides, baths, etc	4.23	
Physical environment, geography, etc	4.17	
Safety, security – danger warning signs and protection	3.76	
Sanitation/hygiene	3.11	
Disabled sports/recreational facilities	2.93	

5.3.6 Rating of quality of support/services received by participants

In this section, participants were asked to rank the quality of services or support they received from different sources as a form of support for their disabilities at UNIVEN using a five-point Likert scale. As shown in Table 5.10, Friedman’s test statistics was used to carry out a rank test on a list of 19 support or service providers. Among the lists were services or support received from family members, UDU, academic staff, hostel staff, administration staff, etc.

Table 5.10 below, presents the mean rankings from the highest to the least mean value. This means that the higher the mean value the higher the preference for that particular service or support. From the table, the outstanding support or service ranked by the participants was from family members (Mean rank=16.38) followed by service or support received from the disability unit at UNIVEN (Mean rank=13.28). Among the least ranked support or services on the ranking scale came from the academic staff (Mean rank=8.18), the disability welfare groups such as the Disabled People’s

Organisation (Mean rank=7.40) and rehabilitation/therapeutic services (Mean rank=5.61). Also established in the analysis was that there was a significant difference among the 19 different sources of support, based on Friedman's test, $\chi^2(18)=187.465$ and the association was significant ($p=0.000$). This result implies the services and support received from different service providers at UNIVEN are different.

Table 5.10: Support/service ranking

Areas of support/services received at UNIVEN	Mean rank	Test Statistics: Friedman Test
Family members	16.38	N=47 Degrees of freedom=18 Chi-Square (χ^2)=187.465 Asymp.Sig (p-value)=0.000
Disabled students unit services	13.28	
Student financial support	12.20	
Assistive facility/IT staff	12.05	
Hostel staff	11.66	
Non-disabled peers and colleagues	10.68	
Career guidance/orientation	10.28	
Student council	10.05	
Counselling services	9.86	
Emergency/medical/paramedic teams	9.26	
Administration staff	9.21	
General assistance	9.12	
Physical environment induction	8.97	
Health care promotion teams and visits	8.88	
Cafeteria services	8.61	
Grievance redress services	8.32	
Academic staff	8.18	
Disability welfare groups	7.40	
Rehabilitation/therapeutic services	5.61	

5.3.7 Social and educational needs and challenges experienced by participants in pre-tertiary and tertiary institutions

Participants were asked to compare their pre-tertiary and tertiary educational and social needs and challenges. They were given a range of responses to choose from and the options included “true”, “false” or “the same”; however, not all participants answered all the questions in this section.

The results are shown in Table 5.11. Half (33, 50.0%) of the participants indicated that the support they received from their relatives and family members was the same in both

pre-tertiary and tertiary educational institutions. Although 32 (47.8%) indicated that it was false to suggest that support received from staff members in tertiary institutions was better than in the pre-tertiary institutions, 38 (57.6%) of the participants rejected the claim that recreational and social activities were more enjoyable in tertiary institutions than in pre-tertiary institutions.

As far as violence and abuse among learners with disabilities are concerned, 32 (47.8%) of them reported that it was true that they were more rampant in tertiary institutions than in the pre-tertiary institutions. In addition, while only 7 (10.6%) of the participants indicated that they received better care from lecturers at the university than in the pre-tertiary institution, 24 (39.3%) stated that it was true that inclusive education as practiced at universities was better than exclusive education.

Table 5.11: Comparison of pre-tertiary and tertiary institutional needs and challenges

Statements	True	False	Same	Total
Social life is better in the university than in secondary school	18 (27.3%)	21 (31.8%)	27 (40.9%)	66 (100.0%)
Support received from my relatives and family members is better in the university than in secondary school.	15 (22.7%)	18 (27.3%)	33 (50%)	66 (100.0%)
Level of support received from staffs in the university is better than in the secondary school	14 (20.9%)	32 (47.8%)	21 (32.3%)	67 (100.0%)
Learning materials are better and more sufficient in the university than in the secondary school.	22 (34.4%)	29 (45.3%)	13 (20.3%)	64 (100.0%)
Recreational/ social activities more enjoyable in the university than in the secondary school	12 (18.2%)	38 (57.6%)	16 (24.2)	66 (100.0%)
Physical/environmental facilities are easier to access in the university than in secondary school.	16 (24.2%)	34 (51.5%)	16 (24.2%)	66 (100.0%)
I feel happier and better treated by my colleagues in the university than in the secondary school.	10 (15.4%)	27 (41.5%)	28 (43.1%)	65 (100.0%)
I received better care from my teachers in the university than in the secondary school.	7 (10.6%)	35 (53%)	24 (36.4%)	66 (100.0%)
Violence, abuses and discrimination are more common in the university than in secondary school.	32 (47.8%)	25 (37.3%)	10 (14.9%)	67 (100.0%)
Disability facilities are better in the university than in the secondary school.	31 (47.7%)	22 (33.8%)	12 (18.5%)	65 (100.0%)
Inclusive education as practiced in the university is better for me than exclusive education.	24 (39.3%)	22 (36.1%)	15 (24.6%)	61 (100.0%)

5.3.8 Participants' knowledge about disability rights

In this section participants' knowledge about their disability rights was assessed. In Table 5.12, thirteen disability rights were presented to the participants to state if they knew about them. Among the rights which all (67, 100.0%) the participants knew about was the right not to be discriminated against. Other rights most popularly known by the participants include the right to health and rehabilitation (65, 97.0%), right to inclusive education (65, 97.0%), the right to participate in social life and associations (62, 96.9%) and the right not to be abused (64, 95.5%).

However, nearly a quarter (16, 23.9%) of the participants indicated that they did not know of the right to adapted built environment and 14 (21.5%) also did not have knowledge about the right to affordable and adequate transport.

Table 5.12: Participants' knowledge of disability rights

Disability rights	Responses N (%)		Total
	Yes	No	
Right to social life and Associations	62 (96.9%)	2 (3.1%)	64 (100.0%)
Right to free communication and assistive devices	63 (94.0%)	4 (6.0%)	67 (100.0%)
Right not to be abused	64 (95.5%)	3 (4.5%)	67 (100.0%)
Right to adapted built environment	51 (76.1%)	16 (23.9%)	67 (100.0%)
Right to affordable and adequate transport	51 (78.5%)	14 (21.5%)	65 (100.0%)
Right to housing	59 (88.1%)	8 (11.9%)	67 (100.0%)
Right to sports and recreation	63 (94.0%)	4 (6.0%)	67 (100.0%)
Right to employment and assistance	61 (91.0%)	6 (9.0%)	67 (100.0%)
Right to inclusive education	65 (97.0%)	2 (3.0%)	67 (100.0%)
Right to health and rehabilitation	65 (97.0%)	2 (3.0%)	67 (100.0%)
Right to self-representation	57 (85.1%)	10 (14.9%)	67 (100.0%)
Right not to be discriminated against	67 (100.0%)	0 (0.0%)	67 (100.0%)
Right to social grants	61 (91.0%)	6 (9.0%)	67 (100.0%)

5.3.9 Availability of social grants for people with disabilities

This section investigated the social disability grants received by the participants. It also probed the impact of receiving the grant to meet the individual needs of each participant.

5.3.9.1 Disability grant

Participants were asked if they were beneficiaries in terms of the grant given by the South African Social Security Agency (SASSA) for people with disabilities. Their responses are presented in Figure 5.11. More than three-quarters or 51 (76.1%) of the participants indicated that they were receiving the monthly disability grant from the SASSA.

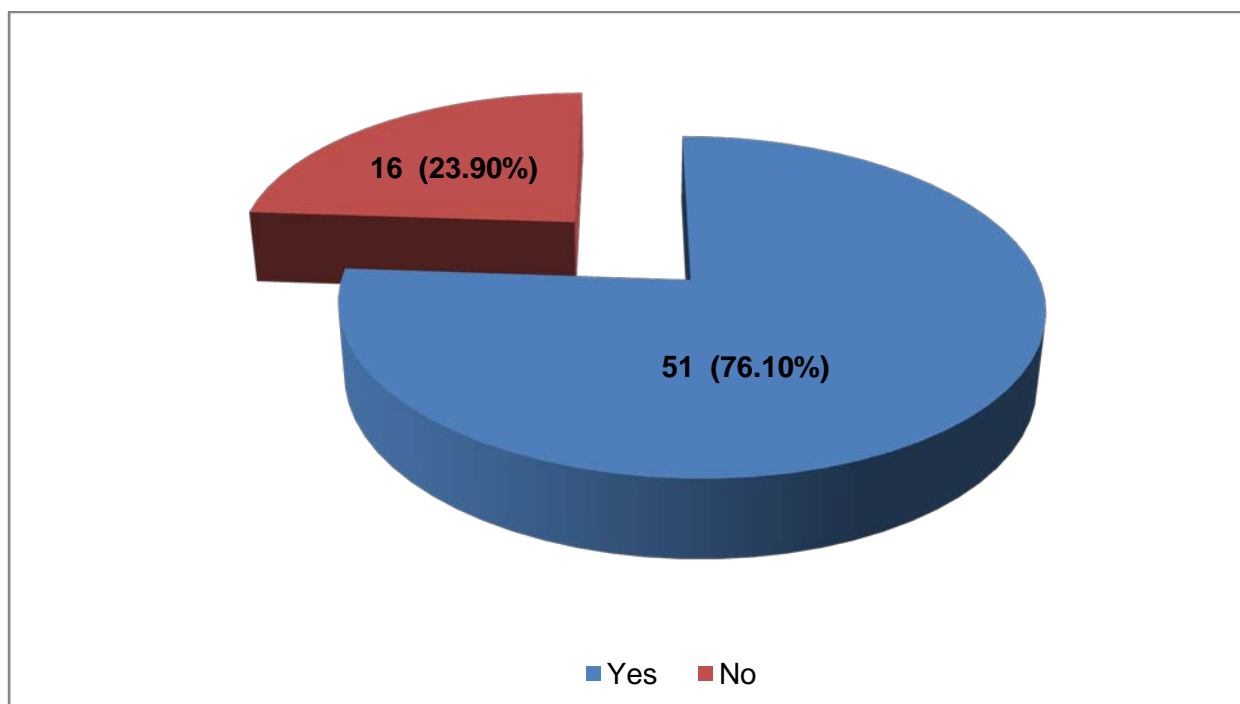


Figure 5.11: Recipients of disability grants among the participants (N=67)

However, among the 16 (23.9%) who reported that they were not receiving the disability grant, 11 gave various reasons including: being told that they did not qualify for the grant (4, 36.4%); and being denied to receive the grant based on the results of their medical assessments (2, 18.2%). Other reasons given by participants included lack of access to information (1, 9.1%), never applied for the grant (1, 9.1%), etc.

5.3.9.2 Disability grant payment and management

On the question of the value of the grant received by the participants, 48 (98.0%) reported that they received R1 140 per month. Of those who received the grant, the

majority 44 (89.8%) received it through the electronic funds transfer from the banks and 5 (10.2%) received it through the cash pay points.

However, 47 (95.9%) of the participants reported that they collected the grant themselves from the collection points whilst 4 (4.1%) stated that people other than themselves collected it on their behalf. Also, 47 (96.0%) reported that they managed and controlled the funds from the grant themselves.

5.3.9.3 Grant impact on needs

Participants who reported that they were receiving the disability grant were asked to assess the impact of the value of the grant in relation to a range of their essential needs. They were requested to rate the impact of the grant on a Likert scale ranging from 1=too little, 2=little, 3=enough and 4=more than enough.

As shown in Figure 5.12 (i), close to half (25, 49.0%) of the participants indicated that the grant was enough to cover their daily needs, such as food, clothing, etc. Among the other range of needs (Figures 5.12 (ii-vi)), most participants (ranging from 25 (49.0%) to 29 (56.9%)) stated that the grant was too little to meet their essential needs such as that of the care givers (25, 49.0%), health care costs (25, 49.0%), education, assistive devices (25, 49.0%) and social and recreational needs (29, 56.9%).

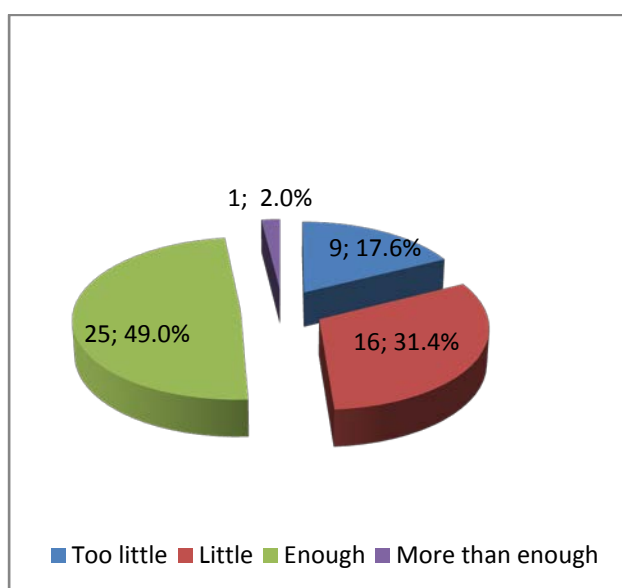


Figure 5.12 (i): Grant impact on basic needs

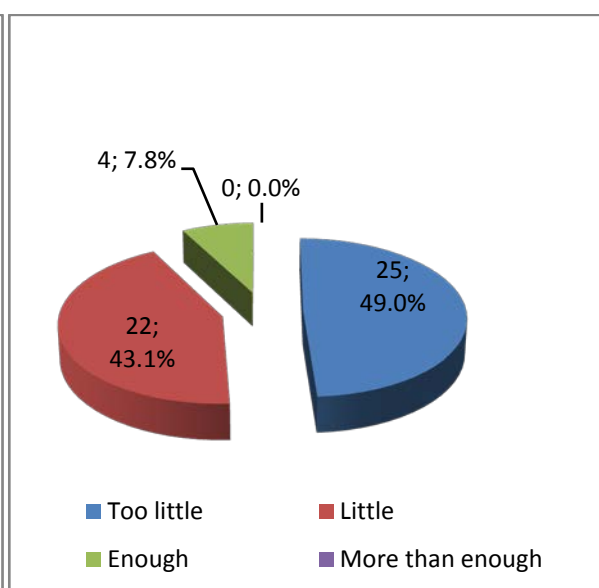


Figure 5.12 (ii): Grant impact on care givers

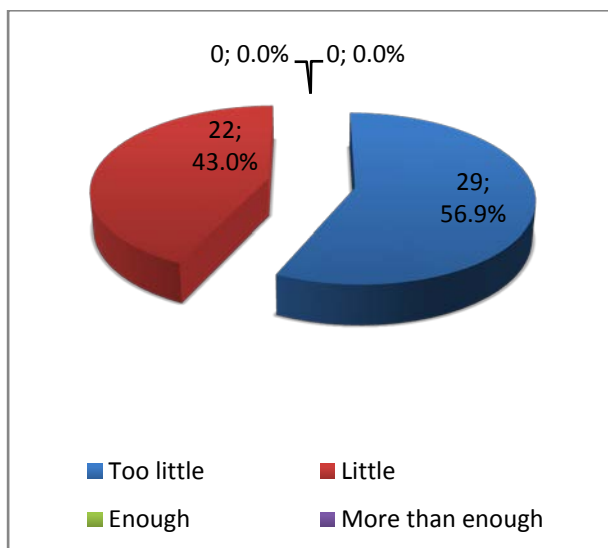


Figure 5.12 (iii): Grant impact on educational needs

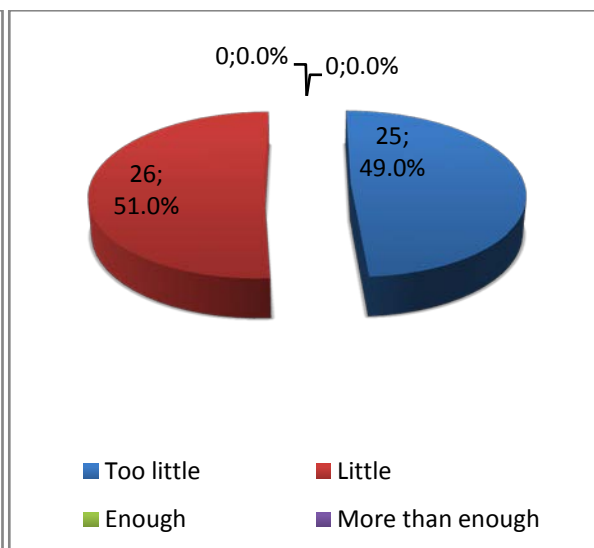


Figure 5.12 (iv): Grant impact on health needs

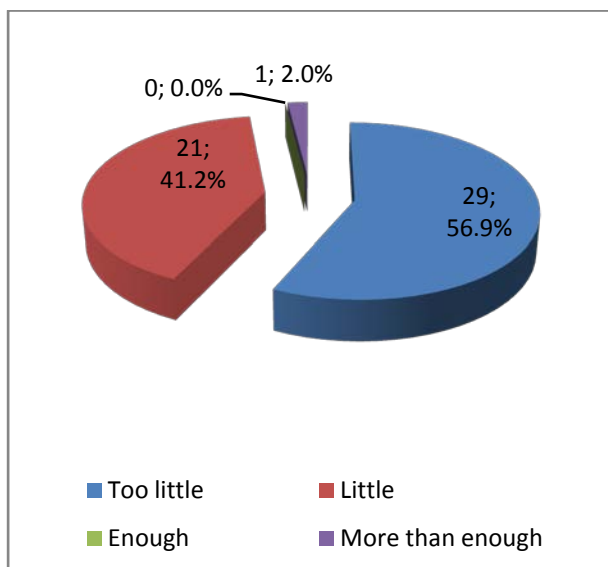


Figure 5.12 (v): Grant impact on assistive devices

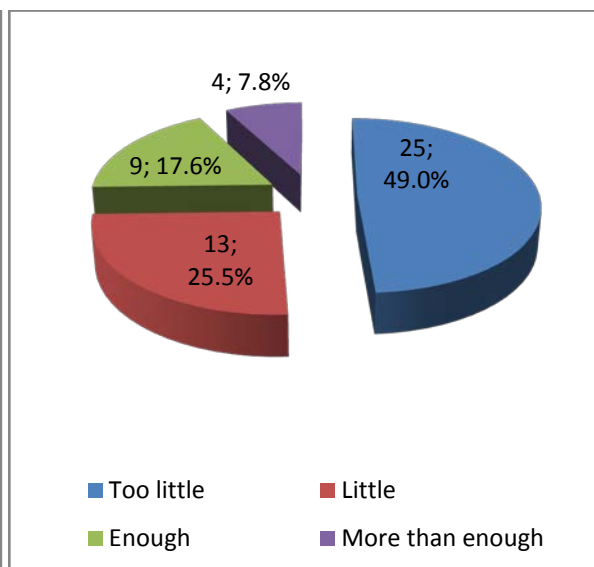


Figure 5.12 (vi): Grant impact on social and recreational needs

5.3.9.4 Ranking of grants' impact on participants' needs

Furthermore, the Friedman's rank test was also performed on the impact that the grants made on the needs of the participants as shown in Table 5.13. Among the ranked items, basic daily needs ranked first (Mean rank=4.83) as the item on which the grant made the most impact followed by social/recreational needs (Mean rank=3.62). The grant made the least impact on basic educational needs (Mean rank=3.0).

Table 5.13 shows the summary data for the participants who ranked the impact the grants made on six different areas of their needs. There was a significant difference among the six different areas of needs made by the grant impact based on Friedman's test, $\chi^2 (5)=52.930$, $p=0.000$. It therefore, implies that the grant impacts more significantly on some of the needs than others.

Table 5.13: Grant impact ranking on participants' needs

Ranked needs	Mean rank	Test statistics: Friedman Test
Basic daily needs (e.g. food, toiletries ...)	4.83	N=51 Degrees of freedom=5 Chi-Square (χ^2)=52.930 Asymp. Sig (p-value)=0.000
Social/recreational needs (e.g. entertainment, pleasure trip ...)	3.62	
Service providers (e.g. care givers- those who help assist you to go out daily)	3.27	
Health needs (e.g. visit to specialist)	3.25	
Assistive device needs and maintenance (e.g. hearing aids, crutches ...)	3.03	
Basic educational needs (e.g. learning needs)	3.00	

5.3.9.5 Other sources of income to supplement the disability grant

Participants also gave responses to questions pertaining to how they generated income from other sources to supplement the social grants they receive. The results are presented in Figure 5.13. About two thirds (41, 61.2%) of the participants stated that they did not have other source of income, whilst 8 (12.0%) reported they were supported by their parents/families. The remaining participants, 7 (10.4%) stated that they were engaging in other income generating activities such as campus trading.

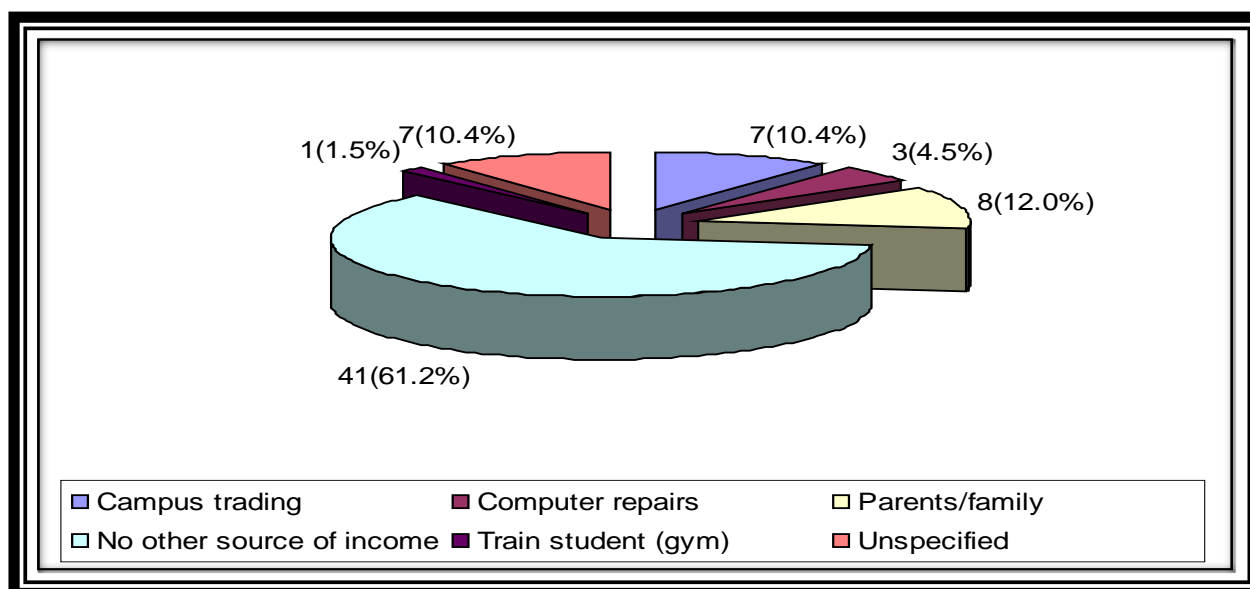


Figure 5.13: Participants' other sources of income (N=67)

5.3.9.6 Comments on financial support

Comments from the participants on social assistance are presented in Table 5.14. Twenty-three (34.5%) of the participants indicated that they wanted an increase in the value of the disability grant received. Also, 9 (13.5%) of the participants commented about the need for equal access to disability grants by those who need such grants.

Table 5.14: Participants' comments regarding financial support

Comments	Frequency (n)	Percentage (%)
All learners should be on remission of fees	3	4.5
There must be equal access to grants	9	13.5
Grants must be increased	23	34.5
Government should redesign the National Students Financial Assistance Scheme (NSFAS) programme in such a way that it includes allowances to purchase some of our wants	3	4.5

5.3.10 Associations between study variables

Further analysis was performed on the data by cross tabulating study variables in order to establish whether associations existed between some of these variables. This involved the application of Chi-square/Fischer's Exact Test of associations. In this study, a 5% level ($p=0.05$) of significance was used as the benchmark for stating if an association was statistically significant or not.

5.3.10.1 Associations between the type of pre-tertiary institution attended and repetition of courses in the IHE

As shown in Table 5.15 the Chi-square test of independence indicated a significant difference between participants that attended different pre-tertiary institutions and the repetition of courses, χ^2 (3), ($n=59$)=13.175, $p=0.004$. This, therefore, implies that learners with disabilities who attended regular schools were more likely to cope with the demands of higher education than those who attended special schools. For instance, from Table 5.15, 10 (30.3%) of the learners who attended regular schools had never repeated a course compared to 3 (11.5%) of those who attended special school.

Table 5.15: Associations between repeating courses and the type of pre-tertiary institution

Type of pre-tertiary institution	Repetition of courses in IHE				Total	Test statistics
	Never repeated	Once	Twice	More than Twice		Fischer's Exact Test (FET)
Special school	3 (11.5%)	7 (26.9%)	10 (38.5%)	6 (23.1%)	26 (100.0%)	FET=13.175 $p=0.004$ df=3
Regular school	10 (30.3%)	16 (48.5%)	7 (21.2%)	0 (0.0%)	33 (100.0%)	
Total (% within)	13 (22.0%)	23 (39.0%)	17 (28.8%)	6 (10.2%)	59 (100.0%)	

5.3.10.2 Association between the type of pre-tertiary institution attended and teaching and learning support materials in IHE

As shown in Table 5.16, participants were categorised according to the type of pre-tertiary institution attended and classified according to their preference for IHE with regards to teaching and learning support materials. From the table, the Chi-square test of independence indicated a significant difference in preference for tertiary education in terms of teaching and learning support materials by type of pre-tertiary institution attended, χ^2 (2), (n=60)=6.607, $p=0.037$. It therefore, implies that the participants' preference for teaching and learning support materials in the IHE is influenced by the type of pre-tertiary institution they attended.

Table 5.16: Type of pre-tertiary institution and teaching/learning support materials

Type of pre-tertiary institution	Teaching/learning support materials are better in IHE than in the pre-tertiary institution			Total	Test statistics
	True	False	The same		Fischer's Exact Test (FET)
Special	7 (24.1%)	18 (62.1%)	4 (13.8%)	29 (100.0%)	FET=6.607 $p=0.037$ df=2
Regular	14 (45.2%)	9 (29.0%)	8 (25.8%)	31 (100.0%)	
Total (% within)	21 (35.0%)	27 (45.0%)	12 (20.0%)	60 (100.0%)	

5.3.10.3 Association between the type of pre-tertiary institution attended and preference for IHE disability services

In Table 5.17, participants were categorised according to the type of pre-tertiary institution attended and their preference for disability services in IHE. From the table, it can be noted that the Chi-square test of independence indicated a significant difference in preference for disability services in IHE by type of pre-tertiary institution attended, (2), χ^2 (n=61)=20.092, $p=0.000$. It therefore, implies that participants' assessment of services received from the disability unit is influenced by the type of pre-tertiary institution they attended.

Table 5.17: Type of pre-tertiary institution attended and preference of IHE disability services

Type of pre-tertiary institution attended	Disability services are better in the IHE than in pre-tertiary institution			Total	Test statistics
	True	False	The same		Fischer's Exact Test (FET)
Special	6 (20.7%)	18 (62.1%)	5 (17.2%)	29 (100.0%)	FET=20.092 p=0.000 df=2
Regular	22 (68.8%)	3 (9.4%)	7 (21.9%)	32 (100.0%)	
Total (% within)	28 (45.9%)	21 (34.4%)	12 (19.7%)	61 (100.0%)	

5.3.10.4 Associations between repetition of courses in the IHE and total blindness status

In Table 5.18, a cross-tabulation was performed on a pair of variables (i.e. repetition of courses in IHE & total blindness status). From the table, the Chi-square test of independence indicated a significant difference in repetition of courses in IHE and total blindness status, χ^2 (3), (n=37)=8.497, $p=0.007$. It therefore implied that repetitions of courses were linked to participants' total blindness status.

Table 5.18: Repetition of courses in the IHE and total blindness status

Total blindness	Repetition of courses in IHE				Total	Test statistics
	Never repeated	Once	Twice	More than twice		
Yes	0 (0.0%)	0 (0.0%)	2 (50.0%)	2 (50.0%)	4 (100.0%)	Fischer's Exact Test=8.497 p=0.007 df=3
No	7 (21.2%)	15 (45.5%)	10 (30.3%)	1 (3.0%)	33 (100.0%)	
Total (within)	7 (18.9%)	15 (40.5%)	12 (32.4%)	3 (8.1%)	37 (100.0%)	

5.4 RESULTS OF ENVIRONMENTAL AND FACILITIES ASSESSMENTS

The status of the environment and facilities at the study site were also inspected in order to enrich the study with evidence of some of the infrastructural and environmental challenges facing the learners with disabilities in the study setting. Photographs were

taken of some flash point areas in the study site in order to validate the findings obtained from the participants.

5.4.1 Lecture venues

This section exhibits the photographs of some of the lecture venues used by learners with disabilities taken by the researcher during the facility assessment. As shown in Figures 5.14 (i-ii), the learning venues depicted fixed furnishing and poor lighting system which some of the learners with disabilities used. These conditions are not suitable for some learners with disabilities especially the mobility and visually impaired learners.



Figure 5.14 (i): Photo of lecture hall with immovable benches and seats used by some learners with disabilities



Figure 5.14 (ii): Photo of lecture venue with poor lighting system used by some learners with disabilities

5.4.2 Poor ablution facilities

Figures 5.15 (i-ii), depict appalling and deplorable bath and toilet facilities without supporting rails to support some learners with disabilities. This condition in the ablution block can also be dangerous especially for the visually impaired.



Figure 5.15 (i): Photo of the bath tub on the dormitory ground floor used by some learners with disabilities



Figure 5.15 (ii): Photo of blocked water closet (toilet) on the dormitory ground floor used by some learners with disabilities

5.4.3 Un-adapted physical infrastructure

Figures 5.16 (i-ii) show the visual images of stairways of a hostel and lecture venue used by some learners with disabilities. These stairways without ramps could make access to the facilities impossible or can pose as a safety challenge to some of the learners with disabilities.



Figure 5.16 (i): Photo of entrance to one of the hostels without ramps



Figure 5.16 (ii): Photo of stairways to one of the physical facilities

5.4.4 Poor environmental hygiene practices in the study environment

Photographs depicted in Figures 5.17 (i) and 5.17 (ii) were taken by the researcher around the dwelling places of learners with and without disabilities. They portrayed an un-kept and unhygienic residential environment at the study site. They also depicted unhygienic practices as well as the lack of waste collection services. Such unhygienic practices could adversely impact on the health and safety of learners with and without disabilities.



Figure 5.17 (i): Photo of littered surrounding



Figure 5.17 (ii): Photo of littered drying courtyard

5.4.5 Poor sanitary conditions

Figures 5.18 (i) and 5.18 (ii) display photographs taken during the environmental inspection at the study site by the researcher. They revealed an unhealthy and deplorable sanitary condition that existed in the learning environment.



Figure 5.18 (i): Photo of leaks and spill around one of the hostels

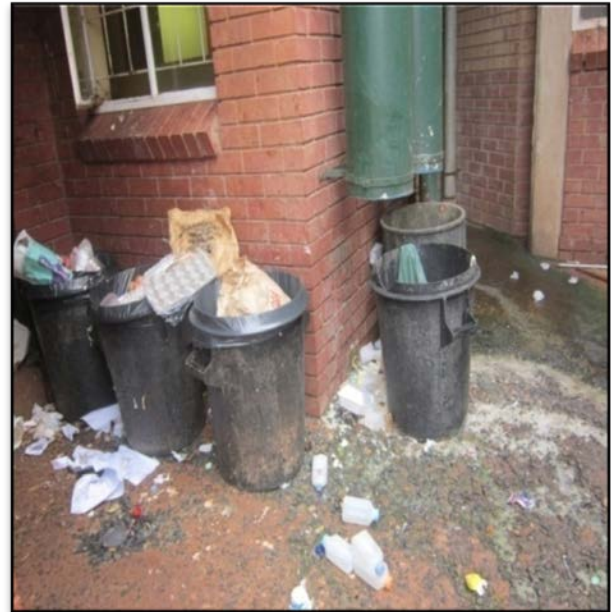


Figure 5.18 (ii): Picture of uncollected refuse around the hostels

5.5 RECOMMENDATIONS MADE BY PARTICIPANTS FOR THE PROMOTION OF QUALITY OF LIFE OF LEARNERS WITH DISABILITIES AT THE STUDY SITE

Participants in this study were also asked to give recommendations that would improve and promote the quality of academic and social life of learners with disabilities in institutions of higher education. These recommendations were grouped and analysed according to common issues reported by the participants. As shown in Table 5.19, some 14 (21.0%) of the participants called for provision of easy access to classes, library, residences, etc. In addition, 11 (16.5%) of the participants recommended that lecturers should be easily approachable, trained and made aware of disability issues, 9 (13.5%) of the participants recommended an end to discrimination, stigmatisation and isolation of learners with disabilities in sports, field trips, etc.

Table 5.19: Participants' recommendations

Areas for improvement	Frequency (n)	Percentage (%)
The university should provide easy access to classes, library, residences and other facilities e.g. library by providing ramps, lifts, transport, etc	14	21
We must be provided with assistants to clean our rooms, assist us to go to classes, interpreters, etc	2	3
There must be adequate assistive devices and support material e.g. internet facilities, books	2	3
Grants must be given to all learners with disabilities	3	4.5
They should provide sports facilities	6	9
Lecturers should be easily approachable, trained and made aware of disability issues	11	16.5
There must be cooperation between the university and disabled council to evaluate the quality of life and challenges of learners with disabilities	3	4.5
We need representation in top management	1	1.5
We need protection and security	1	1.5
Improve communication between university and learners with disabilities	1	1.5
Ending of discrimination, stigmatisation and isolation of learners with disabilities in sports, field trips, etc	9	13.5
Accommodation of learners with disabilities should not only be limited to the ground floors only	1	1.5
We need special library, classes, learning materials, area, pavements, etc	8	12
Abolish the use of white boards	1	1.5
Need counseling services	1	1.5

Findings have shown that five major areas of challenges and needs among learners with disabilities emerged from this study. Thus they are summarised in Table 5.20 alongside with the key elements of the models that guided this study, i.e. Social Model of disability, Inclusive Education Model and Huitt's Transactional Model of Teaching and Learning.

Table 5.20: Grouping of the key study findings

Key areas of challenges and needs	Key findings from the study	Key elements of the <ul style="list-style-type: none">• Social Model of Disability• Inclusive Education Model• Huitt's Transactional Model of Teaching and Learning
1. Functional and social burden of disability of learners with disabilities.	<ul style="list-style-type: none"> • Poor management of disability issues and lack of acceptance • Lack of understanding of disability issues by staff and other learners 	<ul style="list-style-type: none"> • Barriers emanating from attitude that can lead to deprivation, stereotyping, prejudice, etc • Barriers emanating from segregated services • Barriers emanating from inappropriate information and communication
2. Academic challenges and needs	<ul style="list-style-type: none"> • Poor curricular delivery and assessment approaches • Unsupportive academic staff. • Lack of academic support materials and poor access to resources 	<ul style="list-style-type: none"> • Barriers emanating from prejudice, segregated services • Barriers emanating from inflexible curriculum, poor teaching and poor assessment methodologies • Barriers in poor organisational management in education leading to exclusion, unprofessional conduct of staffs. • Barriers emanating from lack of resources leading to inadequate and inappropriate learning support materials
3. Extra-curricular challenges and needs	<ul style="list-style-type: none"> • Limited extra-curricular and social programmes and marginalisation for learners with disabilities 	<ul style="list-style-type: none"> • Barriers emanating from segregated services and prejudice leading to discrimination in provision of extracurricular and social needs of learners with disabilities • Barriers emanating from lack of resources leading to inadequate provision of support for social and extra-curricular programmes
4. Environmental challenges and needs	<ul style="list-style-type: none"> • Un-adapted and inaccessible facilities and conditions • Unsafe environment and poor sanitation 	<ul style="list-style-type: none"> • Barriers emanating from poor environment, poor infrastructural designs and organisation leading to inaccessibility of facilities, insecurity and unhygienic conditions • Barriers emanating from organisation and universal design within the learning environment and

Key areas of challenges and needs	Key findings from the study	Key elements of the <ul style="list-style-type: none"> • Social Model of Disability • Inclusive Education Model • Huitt's Transactional Model of Teaching and Learning
		space leading to obstacles in leaning <ul style="list-style-type: none"> • Barriers emanating from lack of resources leading to inadequate and inappropriate learning support materials and devices
5. Policy and support service needs and challenges	<ul style="list-style-type: none"> • Lack of inclusive policies and practices • Inadequate support services 	<ul style="list-style-type: none"> • Barriers emanating from inadequate policies, legislations information leading to lack of direction and discriminatory practices in the learning environment

5.6 CONCLUSION

This chapter presented the findings of the study and covered sections on demographic information, nature of disability and its impact on the education of learners with disabilities at the study site. In addition, it presented a wide range of findings on challenges facing this group of learners in terms of learning, teaching, environment, infrastructure, health and safety. Findings on their educational and social needs as well as their own assessment of services and other encounters were also documented. Sections of this chapter also captured their expressed comments and suggestions.

The next chapter deals with inferences drawn from the present chapter. It also focuses on the discussion of findings, their implications as well as the contributions made by the current study.

CHAPTER 6

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter discusses the findings of this chapter based on the five key areas of challenges and needs of learners with disabilities that emerged from the findings presented in the previous chapter. In addition, the chapter also discusses the results of the environmental and facilities inspection conducted at the study site. Furthermore, the chapter describes the contributions and the limitations of this study and relevant recommendations are presented to enhance the quality of life of learners with disabilities at the study site.

6.2 RESEARCH DESIGN AND METHOD

6.2.1 Research purpose revisited

The purpose of this study was to develop guidelines that would promote the appropriate accommodation of learners with disabilities at UNIVEN. Such guidelines would also address the health, safety and security challenges and needs of learners with disabilities at UNIVEN, and ultimately promote their well-being through the provision of an enabling and conducive learning and social environment at UNIVEN.

6.2.2 Research objectives revisited

The objectives of this study were to:

- Describe the socio-demographic characteristics of learners with disabilities enrolled at UNIVEN.
- Determine the relationship between the academic performance of learners with disabilities and their disability status and nature at UNIVEN.

- Investigate the challenges of learners with disabilities based on their experiences at UNIVEN.
- Assess the health, safety and security needs of learners with disabilities at UNIVEN.
- Conduct an inspection of the nature and status of environmental and physical infrastructures available and used by learners with disabilities at UNIVEN.
- To develop guidelines based on the findings of the study.

The purpose and objectives of this study were accomplished through the use of a suitable and appropriate research design and methods as described in chapter four of this report.

6.2.3 Research design and method

This study adopted a quantitative descriptive cross-sectional design. The use of a quantitative descriptive cross-sectional design in this study was suitable in that it solicited data that were measureable and quantifiable from the participants, as the study meant to gain more information about the challenges and needs of learners with disabilities at the study site. This design was most efficient and allowed data to be examined at one point in time across different categories of learners with disabilities.

6.2.4 Summary of findings

A total of 67 learners with disabilities participated in this study. All of the participants were South Africans, 85% of them came from the Limpopo province, and of this figure 46% came from the Vhembe District where the study was conducted. The mean age of the participants was 27 years; the gender mix was 51% males and 49% females. The eldest participant was 44 years.

Seven main disability groups emerged from the results of this study with the majority (42%) being physically impaired followed by 30% visually impaired students. About two-thirds (64%) stated that they were born with disabilities whilst the remaining 36% reported that they acquired impairments after birth. On the question of the level of impact of their impairment on their functionality, 9% reported that they could not perform their daily routine activities and as a result, were dependent on others for assistance. In

addition, 27% of the participants reported that their impairments required regular medical check-ups.

It was also found in this study that three percent of the participants had enrolled in the institution since 2001, 37% repeated some of their courses once and almost 10% repeated more than twice.

With regards to learning, an overwhelming majority (90%) of the participants stated that their disabilities were not a stumbling block in their admission to the institution; however 65% stated that their disability was a barrier during lectures. Furthermore, 42% alluded that their disabilities limited their choice of course enrollment.

It has also been observed that above half (54%) of the participants felt unsafe and vulnerable to danger as a result of the environmental challenges at the study site. In ranking the environment using the Likert scale, their residence had the highest rating of being more suitable compared to the other facilities available at the study site. The worst rated services were sanitation and sports and recreational activities. As far as services and support systems were concerned, support received from family members and UDU services were rated as the best by participants whilst the least rated were the rehabilitation and therapeutic services.

Among the cases of abuse reported, 33% were verbal, 5% were physical and 3% were sexual. Coming to their knowledge of disability rights, 97% were aware of the rights to health, inclusive education and social life. It is encouraging to note that at least 76% knew all the 13 disability rights presented to them.

In this study, it was found that about a quarter (24%) of the participants did not receive the South African government social security grant for a number of reasons including lack of information about the grant. Among those who received, about 90% received it through the banks. However, the general notion was that the grant was too little to satisfy a wide range of their essential needs. Close to half (49%) of the participants reported that the grant was only sufficient for their basic needs such as food and toiletries. Furthermore, a large number (61.2%) of the participants did nothing to supplement the grant whilst a few (12%) said they had support from their family members in order to meet other needs including health and education.

Relationships between some variables and concepts were also established in the study. It is interesting to note that the Chi-square test of independence indicated a significant difference in preference for tertiary education in terms of teaching and learning support materials and type of pre-tertiary institution attended (X^2 (2), $p=0.037$). The study also established a significant difference in the repetition of courses and type of pre-tertiary institution attended (X^2 (3), $p = 0.004$) which suggest that relationships did exist between the variables of interest.

6.3 DISCUSSION OF FINDINGS

The main theoretical framework that guided this study was the Social Model of Disability which was premised on the notion that impairment only becomes a disability by virtue of inadequate and discriminatory social arrangements including attitudinal barriers that prevent people with impairments from maximum participation in society (CCL 2007:5; Ransom 2009:11-12; Brunton & Gibson 2009:5). Against this background, the discussion of findings revolves around the five key areas of challenges and needs presented as follows:

- Functional and social burden of disability of learners with disabilities
- Academic challenges and needs
- Extra-curricular challenges and needs
- Environmental Challenges and needs
- Policy and support service needs and challenges

The five key areas listed above have been used with the relevant elements of the Social Model of Disability and other related models for the development of the guidelines for the appropriate accommodation of learners with disabilities at UNIVEN to be presented in the next chapter.

6.3.1 Functional and social burden of disability of learners with disabilities

One of the key areas of challenges and needs identified in the study was the functional limitation and social burden disability places on learners with disabilities at UNIVEN.

The key findings under this area included:

- Poor management of disability issues and lack of acceptance
- Lack of understanding of disability issues by staff and other learners

Discussion

The study found that there was a general lack of understanding of disability issues at UNIVEN among staff and other learners. About one in five or (22.4%) participants suffered from depression/self-pity; one in four (25.4%) felt isolated and about one in five (19.7%) felt threatened in the institution. In contrast, Ramakeula and Maluleke (2011:289) in their study conducted in the same setting using a qualitative design to explore views of learners regarding the social and learning environment of learners with disabilities, reported a higher proportion (80.0%) of participants who stated that they were rejected by their fellow learners, staff and the university system. Poor understanding of disability issues can lead to poor management of disability related issues which in turn will generate attitudinal barriers reported in the study. The fact that some participants also require assistance in performing their daily routines suggests that they need to depend on others to meet their academic obligations including health and other needs (Ramakeula & Maluleke 2011:289). All these conditions at UNIVEN have social and academic consequences among learners with disabilities which include limited participation in societal life and learning activities, lack of confidence, attitudinal barriers, etc.

In a nutshell, what can be inferred from the results of this study is that learners with disabilities are undermined and disregarded when it comes to addressing their challenges and needs. This situation paints a gloomy picture of what transpires in the social environment of the institution; and it is also against the South African spirit of *Ubuntu* (humanness) and the *Batho Pele* principle of 'people first'. As depicted in the Social Model of Disability and the Inclusive Education Model, this finding relates to attitudinal barriers that militate against people with disabilities in society (CCL 2007:5; Ransom 2009:11; Brunton & Gibson 2009:5).

6.3.2 Academic challenges and needs

The key findings that emanated from this study in relation to participants' academic challenges and needs include:

- Poor curricular delivery and assessment approaches.
- Unsupportive academic staff.
- Lack of academic support materials and poor access to resources.

Discussion

These findings suggest that learners with disabilities were marginalised from the core business of the institution which includes teaching, learning and assessment etc. In this study about one in three (33.0%) participants expressed that they encountered challenges in terms of seeing, hearing and learning in the lecture halls. In addition, 10.5% of the participants stated that the lecture halls were inaccessible and 3.0% reported that they had challenges pertaining to late delivery of their special study materials such as Braille. Using a qualitative design to explore views of learners regarding the social and learning environment of learners with disabilities, Ramakeula and Maluleke (2011:290) reported similar findings. One of the remarks made by one of the participants in their study was:

“I do not feel welcome here, actually, I feel rejected by the university. Every time I go to class I am reminded by the classroom environment that I am disabled and therefore do not belong here. I wish I could go back to the special school where I felt welcomed and respected” (Ramakeula & Maluleke 2011:290).

On the issue of assessment methods that the current study found was that one in four (26.2%) participants indicated that they were disadvantaged when it came to their assessment of tasks and formal examinations. Naidoo's (2010:49) findings in another qualitative study on the perceptions and experiences of learners with disabilities at the University of KwaZulu-Natal corroborate with the findings of this study on learner assessment methods.

The above documented academic challenges and needs can be linked to some elements of the Social Model of Disability, Inclusive Education Model and the Huitt's Transactional Model of Teaching and Learning. These elements include: barriers emanating from inflexible curriculum and methodologies, barriers emanating from inappropriate language of learning and teaching and barriers emanating from inadequately and inappropriately trained education managers and educators (CCL 2007:5; Ransom 2009:11; Brunton & Gibson 2009:5). The three models therefore, place the onus on the educational system and its managers to eradicate obstacles pertaining to teaching and learning by ensuring that the curriculum and teaching methodologies are conveniently adapted to suit the learning needs of all learners including those with disabilities. They also support the need for proper training and development of all role players in education including educators so that they can facilitate the learning process involving learners with disabilities without any hindrances (CCL 2007:5; Ransom 2009:11; Brunton & Gibson 2009:5).

6.3.3 Extra-curricular challenges and needs

Two key findings reported under extra-curricular challenges and needs include:

- Limited extra-curricular and social programmes.
- Marginalisation of learners with disabilities in extra-curricular and social programmes.

Discussion

The findings from this study point to the fact that learners with disabilities have grossly been excluded from extra-curricular and social programmes at UNIVEN. In this study almost a third (28.5%) of the participants indicated that there was lack of support for disabled sporting activities in the institution. In addition, incidents of social discrimination were also reported. This clearly suggests that a number of factors in the institutional environment contribute to the exclusion of learners with disabilities in extra-curricular activities.

In a similar study, Sachs and Schreuer (2011:2) observed that learners with disabilities participated in fewer social and extra-curricular activities; and instead invested more

time to meet the demands of their studies. They further observed that learners with disabilities had less experience in art, music and theatre activities.

The findings of the current study involve two elements of the Social Model of Disability (CCL 2007:5; Ransom 2009:11; Brunton & Gibson 2009:5). These elements point to barriers emanating from inappropriate and inadequate support services and resources which should promote extra-curricular and social activities. They also point to barriers emanating from societal attitudes that lead to discrimination in social programmes involving learners with disabilities. The model, therefore, calls for change in people's mindset and removal of barriers that prevent the full participation of people with disabilities in the activities and functions of society (CCL 2007:5; Ransom 2009:11-12; Brunton & Gibson 2009:5).

6.3.4 Environmental challenges and needs

Another key area of challenges and needs identified in the study is related to the environment. Key findings include:

- Un-adapted and inaccessible facilities and conditions.
- Unsafe environment and poor sanitation.

Discussion

This study revealed that whilst 43.8% of the participants stated that it was true that the physical environment constituted a great barrier in their learning more than half (53.8%) of the participants said it was equally true that the physical environment made learners with disabilities vulnerable to dangers. About one in every four (25.5%) participants indicated that they experience poor sanitation conditions. As an indictment of how dire the situation was in the same setting, Akintunde (2011:44) using a quantitative design to explore knowledge, attitudes and practices of UNIVEN's students on environmental and personal hygiene found that there were periodic shortage of water and very poor sanitation conditions. Inaccessible and unsafe physical and built environment can result in denying learners with disabilities access to essential facilities and can also limit their mobility. In addition, it can also make them vulnerable to dangers and marginalisation.

In terms of the Social Model of Disability the above findings pertain to elements of the models like barriers emanating from poor environment and poor infrastructural designs. Hence, these models call for the removal of environmental and social barriers so that people with disabilities can be accommodated (CCL 2007: 5; Ransom 2009:11; Brunton & Gibson 2009:5).

6.3.5 Policy and support service needs and challenges

Policy and support service needs and challenges also emerged as one of the five key areas to be addressed in the guidelines development. The key findings from this study include:

- Lack of inclusive policies and practices.
- Inadequate support services.

Discussion

In this study about one in seven (15.0%) of the participants were more concerned with the need for all inclusive policy to be implemented. Some participants (10.5%) wanted policies that would ensure their safety and protection without abuses and discrimination. This scenario suggests that either there were no disability policies in the institution or they were not followed or applied.

In a study to explore the factors that inhibit access to IHE for special educational needs students in the Free State of South Africa, Nkoane (2006:104) used a mixed method design to establish that about 70.0% of the academic and support staffs suggested that poor understanding of policy issues regarding learners with special educational needs which constituted a major barrier among staffs and learners. Low awareness about learners with disabilities within IHEs and the lack of policy that informed these institutions for creating access were some of the challenges reported by staffs (Nkoane 2006:104).

The present study found that UNIVEN lacks clear cut inclusive policies on many issues such as support, service, accommodation and management of people with disabilities in the institution. In addition, it was also found that the institution was unable to provide the

necessary support to this group of learners in terms of needs and services. Policies are therefore, very crucial and needed to provide the framework for addressing challenges and needs of learners with disabilities in an institution. Lack of clear policies in an educational institution can render learners with disabilities vulnerable (Nkoane 2006:104). On this score, broad based proactive policies are needed to guide actions and practices in institutions of learning where learners with disabilities are a part. However, it is one thing having policies on the accommodation of learners with disabilities but it is another thing ensuring that they are widely understood and practiced. For policies to be inclusive and broad based covering a wide spectrum of critical issues that affect learners with disabilities, all stakeholders including representative of learners with disabilities must be involved in their formulation.

6.4 CONCLUSION

Issues of access and equity in most areas in higher education have been a challenge to most learners with disabilities. This study, therefore, addresses a wide range of critical challenges and needs of learners with disabilities at the UNIVEN. To that end, the purpose of the study was achieved. The guidelines that would promote the appropriate accommodation of learners with disabilities at UNIVEN were developed using the key elements of the Social Model of Disability, the Inclusive Education Model and the Huitt's Transactional Model of Teaching and Learning.

6.5 RECOMMENDATIONS

Based on the findings of the current study, the following recommendations were made:

6.5.1 Environmental and facility access and upkeep

- Adaptation of facilities including lecture venues, library, ablution blocks and residences to suit the needs of learners with disabilities. This must be done through improvement on old structures, fitting new disability friendly equipments and ensuring that all new buildings meet the required specifications that will make them user friendly by learners with disabilities as well.

- Special reservation and concessions should be given to learners with disabilities to access services at any service point on campus so that they are not delayed in long queues unnecessarily.

6.5.2 Academic accommodation

- Learners with disabilities should be properly guided in terms of courses and careers during registration. They should also be made aware of other options available to them in case the nature of their disability cannot permit them to enroll in a more demanding courses and programmes.
- Specific learning needs of learners with disabilities should be discussed with each learner concerned to make sense of individual needs rather than addressing their needs in groups.
- Before the start of every course or module, the Disability Units should provide lecturers, academic heads and programme coordinators all relevant information about the learners with disabilities registered in their courses or programmes. They should also be inducted on how to handle disability issues in class and the institution as a whole.
- Special provision should be made to cater for learners with disabilities who are enrolled in courses that require fieldtrips, practicals, etc. so that they are not marginalised as a result of their disabilities.

6.5.3 Extra-curricular and social programmes

- The institutions should establish a social programme committee to develop and promote extra-curricular activities including sports, games, music etc. among learners with disabilities. The committee should also ensure that sporting facilities are provided and adapted for the use of learners with disabilities, and above all, the committee should ensure that participation in social and sporting programmes is non-discriminatory.

6.5.4 Support service programmes

- Establish disabled students' support services committees to work closely with the UDU staff members for monitoring and evaluation of all services provided to learners with disabilities. It should also be responsible for addressing issues of access and equity in the learning environment.
- Disability resource centres should be established in all institutions. The centres should be responsible for acquisition, provision and distribution of assistive devices and learner support materials that will be required by learners with disabilities.

6.5.5 Policies, information and communication

- Inclusive policies in line with the principles of Social Model of Disability, Inclusive Education Model and Transactional models of teaching and learning should be formulated involving all stakeholders. Provision should be in the policies for the removal of all forms of barriers to participation in social and academic lives of learners with disabilities.
- Every member of the university community should be made aware of all aspects of the policies, and in addition, institutional management should ensure compliance and practice.
- IHEs should establish a good and effective communication system between academic staff and learners with disabilities and also among other stakeholders and service providers.

6.5.6 Government and IHE

- The South African government should come out with a clear cut National policy on managing people with disabilities in IHEs that will guide institutions of higher education.
- The South African government and DoHET should set the a realistic timeframe for all IHEs to implement fully the White Paper 3 on the transformation of the Higher Education System (2007) which highlights the need for an equitable and just system of higher education that is devoid of all forms of discrimination,

including discrimination against learners with disabilities. In addition, the government should provide the necessary funds and resources to meet the cost of its implementation.

6.5.7 Further research

It will be in the interest of further advancement of science and knowledge on addressing disability issues to carry out further studies based on the following recommendations:

- A similar study could be replicated using different research approaches (e.g. qualitative, mixed method) and models of disability (e.g. medical, religious, rehabilitation, charity models), and should be conducted in both rural and urban IHEs, using different data collection methods and different analysis techniques.
- To complement the findings of this study, further studies should be conducted to investigate other areas of concern, such as hidden and undisclosed disabilities among learners in IHEs and the impact of special schools' curriculum on learners with disabilities.

6.6 CONTRIBUTIONS OF THE STUDY

The purpose of this study was to develop guidelines to accommodate the needs of learners with disabilities at UNIVEN. Significantly, the purpose of this baseline study has been accomplished in that guidelines for the appropriate accommodation of learners with disabilities has been developed as a primary output of this study and as a significant contribution to the existing body of knowledge in the field of education, health and disability studies. It is also envisaged that the developed guidelines will not only serve as a framework for good practice in IHEs but will also assist in the improvement of inclusive policies to address and manage disability issues in IHEs in South Africa.

The study collected and analysed a large volume of data pertaining to academic, social and disability needs and challenges. The findings arising from these needs and challenges undoubtedly put under the spotlight the large amount of work that needs to be done in order to create a conducive learning environment that will support learners with disabilities in South African IHEs. In addition, the present study comes at a critical moment where there is an urgent need for clear-cut policies on management of people

with disabilities. Above all, the guidelines and the proposed recommendations of the study will be of an immense significance to managers and policy makers in IHEs, government departments like DoE as well as other stakeholders including non-governmental disability organisations.

Above all, the study immensely contributed to many health and educational issues that affect learners with disabilities in IHE. Some of the pertinent areas include:

- Health and safety at IHE especially sanitation and environmental hygiene.
- Abuses and psychosocial marginalisation that have the potential of affecting health, education, social status and the general well-being of learners with disabilities.

6.7 LIMITATIONS OF THE STUDY

Though this study targeted all learners with disabilities at UNIVEN, the response rate was 51.0% which implies that data collected and analysed might not have been as exhaustive as a higher response rate could have yielded. Furthermore, the study was conducted in only one historically disadvantaged IHE which was situated in a rural community in the Vhembe district of the Limpopo province. To that end, the geographic and socio-economic limitations could possibly limit the findings and inferences drawn from the study.

The researcher would like to acknowledge the fact that disability issues are pertinent and sensitive, therefore potential biases could not be ruled out in the responses provided by some of the participants. Coupled with this limitation, the study also used only one approach which was the quantitative approach under the post-positivist paradigm. Despite the strengths of this approach, it is acknowledged that it also has its own weaknesses which could among others minimise the generalisation of the findings of the current study to other IHEs in South Africa. However, the guidelines that have been developed will have implications for other institutions. Therefore, the application of these guidelines cannot be limited to the study setting alone. In addition, only a cross-sectional study design was employed in this study. The possibility exists that other approaches and designs (in-depth qualitative interviews, focus group discussion, mixed

method, longitudinal designs etc.) could have yielded more enriching data which could have enhanced and complemented the quantitative findings of this study.

The main theoretical framework which guided this study was the Social Model of Disability and it is acknowledged that it has its own shortcomings. The use of other models might have compelled the researcher to use different approaches in terms of design and instrument which could yield different findings. Hence caution needs to be exercised in generalising the results.

Despite these limitations, the study raised considerable dilemmas facing learners with disabilities, which pointed to the fact that learners with disabilities are not adequately accommodated in learning environments of the IHEs. The findings emanating from this study, therefore, created a strong basis for important conclusions and recommendations made and also for relevant guidelines to be developed.

6.8 CONCLUDING REMARKS

The study identified a litany of social and academic challenges and needs of this group of learners. The learning environment for participants in this study was fraught with inadequate and unsuitable learning and assistive devices, inaccessible facilities, stigmatisation and inflexible teaching and assessment methods. These conditions created a fertile ground for exclusion and marginalisation of learners with disabilities at UNIVEN, implying that academic communities are unresponsive to the diverse challenges and needs of learners with disabilities. The reality is that disability in IHEs will remain a permanent feature that cannot be whisked away or ignored.

What needs to be acknowledged from this study is that, learners with disabilities have individual strengths, weaknesses and potentials to contribute positively to the development of society through appropriate inclusive practices in education. To unleash their potentials, therefore, institutional barriers need to be addressed as well as institutional culture and practices must be revisited in line with the Social Model of Disability and inclusive educational principles. Undoubtedly, placing learners with disabilities at the centre of access and equity agenda in IHEs requires a collective campus-wide involvement by all stakeholders.

This study must not only be viewed from the perspective of what it has accomplished in terms of its findings, recommendations and the guidelines which were developed as a contribution to the body of knowledge. It should also be understood as giving a voice to a marginalised group of learners to state their learning and social challenges and needs within an IHE. Given the fact that an individual's disability challenges vary from one learner to another, so are their needs (Hall & Healey 2004:24). Constantly listening to their individual and collective voices, appraising their needs and being responsive to their concerns will help build a truly inclusive educational system that will take into account the needs of every learner with disability and also give recognition to the legitimate rights of learners with disabilities to be an integral part of the learning environment.

The next chapter will present the guidelines developed as a reference point for the accommodation of learners with disabilities in IHEs.

CHAPTER 7

GUIDELINES FOR APPROPRIATE ACCOMMODATION OF LEARNERS WITH DISABILITIES IN INSTITUTIONS OF HIGHER EDUCATION IN SOUTH AFRICA

7.1 INTRODUCTION

This chapter presents the guidelines for the appropriate accommodation of learners with disabilities in IHEs in South Africa. The chapter also explains the processes followed in developing the guidelines. The development of the guidelines has been guided by the findings of the current study, relevant aspects of literature, the theoretical frameworks used to form the basis of the current study as well as the intuitive insight of the researcher in addition to his experience as an educator and contributions from the UDU staff members. A criterion suggested by Chinn and Kramer (2008:110) was used to validate the guidelines developed as a primary output of this study.

7.2 BACKGROUND AND MOTIVATION FOR THE GUIDELINES DEVELOPMENT

Learners with disabilities constantly face various challenges and barriers in their educational environment (Fuller et al 2004:303; Lawson et al 2008:2). In South Africa, many children and adults with disabilities have historically been excluded from the mainstream education opportunities, and as such, learners with disabilities in IHEs in South Africa face many challenges with regard to social integration, learning and teaching at a tertiary level (South Africa (Republic). DoHET 2012:7). This study equally found this notion to be true. The current study identified a litany of social and academic challenges and needs of this group of learners. The learning environment for the participants in this study was fraught with inadequate and unsuitable learning and assistive devices, inaccessible facilities, stigmatisation and inflexible teaching and assessment methods. These conditions created a fertile ground for exclusion and marginalisation of learners with disabilities.

In South Africa, the inclusion of people with disabilities in the mainstream activities of society at all levels is no longer a moral or optional issue; but it is a human rights issue as well as a legal requirement. Furthermore in South Africa, the passing of the Promotion of Equality and Prevention of Unfair Discrimination Act No 4 in 2000 has given a new impetus to the inclusion rights of people with disabilities. According to ILO (2007:8), section 7(e) of the Promotion of Equality and Prevention of Unfair Discrimination Act No 4 in 2000 prohibits:

“denying or removing from any person who has a disability, any supporting or enabling facility necessary for their functioning in society; failing to eliminate obstacles that unfairly limit or restrict persons with disabilities from enjoying equal opportunities or failing to take steps to reasonably accommodate the needs of such persons.”

The Promotion of Equality and Prevention of Unfair Discrimination Act No 4 of 2000 is in line with the dictates of the Social Model of Disability. The Act requires removal of barriers in society so that people with disabilities can be appropriately accommodated in all spheres of societal life (South Africa (Republic). Promotion of Equality and Prevention of Unfair Discrimination Act No 4 2000:7).

Another motivation for the development of the guidelines is that currently, there is no national policy on disability that guides institutions of higher education (South Africa (Republic). DoHET 2012:54). In an educational environment, what needs to be understood is that disability is not static; its effect may change in relation to many factors (American Speech-Language-Hearing Association 2000:5). For learners with disabilities, they first need to cope with the trauma of a disability which may be mild, moderate, severe or profound. Thereafter, they face other issues such as gaining physical access to infrastructure and other much wider access issues pertaining to the curriculum, teaching, learning, assessment, progression and social integration in inclusive IHEs.

7.3 PROCESS OF DEVELOPING THE GUIDELINES

For the purpose of developing the guidelines on the appropriate accommodation of learners with disabilities in IHEs, the study first investigated the challenges and needs of

these learners in an inclusive IHE using a quantitative approach. The proposed guidelines were formulated based on the key areas of challenges and needs gathered from the analysis of data from the participants. In addition, the development of the guidelines was guided by the conceptual framework outlined in chapter 1. The concepts of the framework were applied to provide structure in each of the guidelines. The process involved the application of a survey list used as a conceptual framework for Moleki's (2008:162) guideline development. The list comprising of the concepts such as purpose or terminus, agent, recipients, framework (context), dynamics and procedures are defined in section 7.4 of this chapter.

The second step that the researcher followed in the development of the guidelines was the consideration of the theoretical framework. The framework comprised of the Social Model of Disability, the Inclusive Education Model and the Huitt's Transactional Model of Teaching and Learning. Key elements crucial for the development of the guidelines were selected mainly from the Social Model of Disability and the Inclusive Education Model. This includes inaccessible and unsafe built environment, discrimination, inflexible curriculum and methodology, inadequate policies and support services, inappropriately trained academic staff etc (see Table 7.1). These elements were applied to the relevant issues raised in the study to guide the description of procedures and activities of the guidelines.

7.4 APPLICATION OF THE CONCEPTUAL FRAMEWORK TO THE DEVELOPMENT OF THE GUIDELINES

A survey list consisting of purpose or terminus, the agent, recipient, framework (context), dynamics and the procedures was used as the building block for the guidelines (Moleki 2008:162). The terms in the survey list are defined in relation to what applies in the higher education context.

7.4.1 Purpose or terminus

The purpose of the proposed guidelines is to assist IHEs to ensure that learners with disabilities are appropriately accommodated in the learning environment in terms of access to facilities, curriculum etc.

7.4.2 Agent

An agent is the person who performs the activities (Ricks, Strumpher & Van Rooyen 2010:4). As far as the guidelines are concerned the agents include academic and non-academic staffs, institutional policy makers and managers, learners and other role players in education.

7.4.3 Recipient

A recipient is the beneficiary (target person) or the one who will benefit from a particular programme. In this case the recipients are the learners with disabilities at IHEs in South Africa.

7.4.4 Framework (context)

It denotes the setting within which the activity is performed. In this study, the setting is campus of an IHE where the challenges and needs of the learners with disabilities were explored.

7.4.5 Dynamics

Dynamics refer to force or energy relating to activities (Chambers Dictionary 2006:468). The dynamics in this study include the coordination of activities among the role players in the institution, provision of resources, support services and materials, infrastructure, policies, trained staffs, curriculum adjustments to suit the needs of all learners etc.

7.4.6 Procedure

Procedure refers to the mode or method of conducting a business or an affair (Chambers Dictionary 2006:1214). The procedure in this study comprised of all the steps or activities that will be performed to ensure that all learners with disabilities are appropriately accommodated in the learning environment.

7.5 APPLICATION OF THE MODELS FROM THE THEORETICAL FRAMEWORK TO THE DEVELOPMENT OF THE GUIDELINES

This was a quantitative study with a range of key findings which are aligned to elements in Social Model of Disability, the Inclusive Education Model and the Huitt's Transactional Model of Teaching and Learning described in chapter 3 of this report under theoretical framework. The central basis of the Social Model is that people with disabilities face many barriers that emanate from environmental designs, physical infrastructures, employment, negative attitudes and civic programmes (Office of Disability Employment Policy 2013:1). To address these barriers in society requires a holistic approach that should be championed by policy makers who understand and perceive disability as a social creation. In this regard, policy makers need to promote among social partners (business, governmental and non-governmental agencies) a sense of social responsibility towards people/learners with disabilities. This can be done through enforcement of affirmative action on disability representation in workplaces and equitable distribution of resources that cater for people and learners with disabilities in all sectors including education. Above all, inclusion in educational institutions will be more meaningful if policy makers can also develop institutional and corporate policies that will guarantee employment of learners with disabilities through the Employment Equity Act No. 55 of 1998 after the completion of their courses. One of the basic requirements in Section 6(1) of the Employment Equity Act No. 55 of 1998 is that no person may unfairly discriminate directly or indirectly against an employee in any employment policy or practice on any grounds including disability (South Africa (Republic). Department of Labour 1998:7).

In Table 7.1 the key areas emanating from the study regarding the challenges and needs of learners with disabilities are presented with the relevant elements of models that guided the study. These are critical elements which need to be addressed to ensure appropriate accommodation of learners with disabilities.

Table: 7.1: Key areas emanating from the study versus relevant elements of the models that guided the study

Key areas of challenges and needs	Relevant aspects of the Models that apply to the study
<ul style="list-style-type: none"> • Functional and social burden of disability of learners with disabilities • Academic challenges and needs • Extra-curricular challenges and needs • Environmental Challenges and needs • Policy and support service needs and challenges 	<ul style="list-style-type: none"> • Barriers emanating from societal attitudes leading to discrimination, negative attitudes and stereotyping of differences • Barriers emanating from inflexible curriculum and methodologies • Barriers emanating from inappropriate language of learning and teaching • Barriers emanating from inappropriate communication/ lack of access to information • Barriers emanating from inaccessible and unsafe built environments • Barriers emanating from inappropriate and inadequate support services and resources • Barriers emanating from inadequate policies and legislation • Barriers emanating from non-recognition and non-involvement of parents in education • Barriers emanating from inadequately and inappropriately trained education managers and educators • Barriers emanating from segregated services leading to lack of psychosocial support inaccessibility, insecurity and services. • Barriers emanating from lack of resources • Barriers emanating from social and organisational and universal design

In Table 7.2 key areas of challenges and needs identified in the study are linked with the findings from the study, the relevant aspects of the models that apply to the study and the recommended procedures or activities for the implementation of the findings for the guidelines development. The essence of this exercise of developing the guidelines is basically to ensure that IHEs conform and adapt conditions in the institutions for the convenience of learners with disabilities.

Table 7.2: Matrix showing guidelines for appropriate accommodation of learners with disabilities in IHEs

1: Key areas of challenges and needs	Findings from the study	Key elements of the models used	Recommended procedures/activities for implementation of the guideline
1 Functional and social burden of disability of learners with disabilities	1 Poor management of disability issues	1 Barriers emanating from inappropriate and inadequate support services and resources	1 On admission all learners must provide information on the type of impairments they have, their challenges and needs. Ensure that all learners with disabilities complete medical questionnaire and receive medical checkups periodically. Ensure that there are adequate medical supplies in the disability unit under the supervision of a qualified nurse. Establish a team within the Disability Unit that will be responsible for social and health needs for learners with disabilities. Carry out regular checks and report on health conditions and wellbeing of learners with disabilities and to educate learners on how to cope with their disabilities. Liaise with paramedics, health and allied health practitioners etc who will be invited to respond to disability related emergencies. Provide on-going psychosocial support and encouragement. Provide social assistance programmes in the form of funds and equipment to alleviate the impact of disability and to enhance their quality of life.
	2. Lack of understanding of disability issues by staff and other learners.	2. Barriers emanating from societal attitudes leading to discrimination, negative attitudes and stereotyping of differences.	2 Realign institutional vision to reflect open door policy of inclusivity, equal access and equity in line with the spirit of <i>Ubuntu</i> (humanness). Develop a policy and procedures to educate the wider university community about the needs and issues of learners with disabilities. Provide in-service training for all academic and non-academic staffs on government policies and legislations regarding management and accommodation of disability issues in the institutions. Sensitise staffs, departments and

			<p>learners about grievance procedures with respect to unfair treatment of learners with disabilities. Acknowledge and respect everyone's values, beliefs, strengths and weaknesses. Grant special concessions to learners with disabilities during times of long queues at service points e.g. registration, cafeteria. Promote campaigns against stigmatisation, discrimination, stereotyping of learners with disabilities. Educate the entire university on disability laws and rights of people with disabilities.</p> <p>Encourage regular visits from parents, disability organisations, faith-based organisation to give lectures and support to learners with disabilities.</p> <p>Encourage interpersonal relationship among learners and staffs. Set up complaints management team that must deal firmly with violations of the rights of learners with disabilities.</p>
2: Key areas of challenges and needs	Findings from the study	Key elements of the models used	Recommended procedures/activities for implementation of the guideline
2 Academic challenges and needs.	1 Poor curricular delivery and assessment approaches.	1 Barriers emanating from inflexible curriculum and methodologies	<p>1 Establish departmental academic policies that guide teaching, learning and assessments in line with inclusive education principles. Ensure that curriculum for all departments is inclusive, flexible and gives all learners equal access and opportunities to learn without lowering academic standards.</p> <p>Ensure that the curricula must have clear cut instructional goals, with special remedial arrangements for the more needy learners. Encourage non-discriminatory group learning/cooperative learning. Lecturers must adopt a variety of lesson presentation formats customised and designed to suit learners with disabilities. Identify learners at risk and make</p>

			<p>provision for remediation to minimise failure and attrition rates. Provide alternative assessment strategy in terms of time, format etc. Ensure that learners receive explanatory and diagnostic feedback from staffs as well as follow-ups after every assessment. Ensure that learning spaces are suitable and conducive for every learner. Encourage learners with disabilities to capture lessons using any electronic medium. Ensure that mobility and visually impaired learners have their time table scheduled to minimise distance and time between changes of lessons.</p>
	2. Unsupportive academic staff.	2 Barriers emanating from inadequately and inappropriately trained education managers and educators.	<p>2 Heads of units/departments must identify the training needs in terms of management of diversity in classes, subject content and methodology, professional ethics, inter-personal communication and ensure that every one attends. Establish departmental appraisal team that will monitor and evaluate academic staffs' teaching and assessment methodologies. Introduce quarterly course and lesson evaluation by learners and address issues raised in the evaluation report. Academic staffs must keep learner attendance and tracking records for all learners in their classes. Promote healthy working relationship between all learners irrespective of their disability status and their lecturers. Establish good and effective information sharing system among learners, staffs and departments or faculties to eliminate suspicion and rumours.</p>
	3 Lack of academic support materials and poor access to resources.	3 Barriers emanating from inappropriate and inadequate support services and resources	<p>3 Ensure that all learning disabilities and needs are disclosed before admission so that adequate provision is made to meet those needs. Establish special learning resource centre that must be responsible for designing and procuring suitable hand-outs, lesson notes, assessment tasks in suitable format as well as audio visual aids and assistive devices for learners with disabilities. Ensure that all learners with disabilities gain</p>

			<p>access to learning centres and are conveniently accommodated in lecture halls, libraries, laboratories etc. Special provision must be made in terms of transport and logistics so that all learners with disabilities are included on field trips, excursions etc. Equip the learning resource centre with modern technological equipment and software that can foster access to academic materials e.g. speech synthesisers, print enlargers, visual tracking devices etc. Ensure that learning materials and assistive devices are timely acquired and suitable for specific disability groups and individuals. Make learning venues accommodative and suitable for every learner in terms of learning and teaching aids, lesson delivery and sitting arrangement that take care of learners with disabilities. Review all approaches used to address disability needs by getting feedback from learners on their evaluation of services received.</p>
3: Key areas of challenges and needs	Findings from the study	Key elements of the models used	Recommended procedures/activities for implementation of the guideline
3. Extra-curricular challenges and needs.	1 Limited extra-curricular and social programmes for learners with disabilities leading to exclusion.	1 Barriers emanating from inappropriate and inadequate support services and resources	<p>1 Make extra-curricular and social programmes as part of broader institutional goal of developing a well-rounded individual. Establish extra-curricular and social programme committee with the mandate to promote and organise inclusive extra-curricular and social activities. Raise awareness about the value and importance of extra-curricular and social activities especially in the lives of learners with disabilities. These values include: social interaction, competition, skill development health promotion etc. Expand the range of extra-curricular and social activities to include: sports, games, music, art, culture, religious activities, athletics, social club activities e.g. volunteer services etc. Develop and provide the necessary equipment, spaces and</p>

			<p>funds for the development of the wide range of sporting and social programmes. Acknowledge that in-door games such as video/electronic games, playing cards etc are very important for the severely disabled learners and provide resources to support and promote them.</p> <p>Ensure that hostels are provided with in-door game equipment for learners with disabilities. Establish social collaboration programmes that will promote linkages and networking between learners with disabilities and other institutions, disability support groups/organisations, national and international agencies.</p> <p>Ensure that there is proper event planning in terms of convenient transport and logistics for learners with disabilities prior to undertaking sporting and social trips outside the institution. Undertake regular audit of sporting facilities, equipment, grounds to determine accessibility by learners with disabilities.</p> <p>Investigate allegations of discrimination promptly and take swift actions.</p>
4: Key areas of challenges and needs	Findings from the study	Key elements of the models used	Recommended procedures/activities for implementation of the guideline
4 Environmental Challenges and needs.	1 Un-adapted and inaccessible facilities and conditions.	1 Barriers emanating from inaccessible and unsafe built environments	1 Conduct environmental and facility induction for all learners with disabilities immediately on admission. All facilities including lecture venues, library, ablution blocks, grounds, sporting facilities and residences must be adapted to suit the needs of learners with disabilities. Provide easy access routes and shaded pathways to lecture halls, cafeteria etc on campus. Conduct regular inspection to know the state and

			<p>conditions of facilities such as doorways, lifts, stairs, ramps, toilets, water faucets, and the setups in lecture halls and hostels. Guard against the abuse of designated disabled facilities e.g. parking, ablution facilities by non-disabled people. Induct all learners with disabilities on safety rules including emergency exit gates. Conduct periodic audit of physical environment and facilities for their suitability and availability for learners with disabilities.</p>
	2 Unsafe environment and poor sanitation.	2 Barriers emanating from inaccessible and unsafe built environments	<p>2 Establish environmental safety committee to play monitoring and evaluation roles of maintenance and cleaning services departments with the mandate to ensure environmentally friendly and safe institutions. Review the duties and functions of the maintenance and cleaning services departments. Conduct weekly environmental inspection of surroundings and facilities to check littering, blocked drainage systems, leaks, faulty systems etc and to ensure that all equipment, drains etc are in good working order. Ensure there are workers on standby to provide emergency maintenance services. Improve garbage collection and sanitation conditions by ensuring that garbage is collected on daily basis.</p> <p>Establish alternative sources of water and power supply to ensure regular supply to meet the needs of everyone.</p> <p>Prior warning notice and precautionary measures must be taken when construction and refurbishment are taking place in the institution. Give early warning signs for water shortage and power outages and make provision to assist learners with disabilities. Educate the entire campus community on health risks associated with littering, unhygienic practices, poor</p>

			<p>sanitation etc. Supply dustbins and refuse bags on constant basis and service them promptly when they are full. Instill in everyone the culture of reporting dangers, leaks, and unhealthy conditions to the environmental safety committee.</p> <p>Conduct regular health education and promotion activities.</p>
5: Key areas of challenges and needs	Findings from the study	Key elements of the models used	Recommended procedures/activities for implementation of the guideline
5 Policy and support service needs and challenges.	1 Lack of inclusive policies and practices	1 Barriers emanating from inadequate policies and legislation.	<p>1 Re-craft institutional vision and mission statements to reflect open door policy of creating an enabling environment which will facilitate the progressive realisation of access and equity in the learning environment in line with the principle of Social Model of Disability. Develop inclusive policies and procedures to include pertinent issues affecting learners with disabilities e.g. admission, support services, residence for learners with disabilities, academic accommodations, curricular and extra-curricular adjustments etc. Ensure that the policies and procedures have inputs from all role players including representatives from learners with disabilities. Disseminate policies and procedures among the entire campus community via university calendar, handbook, catalogues, electronic formats etc. Develop an effective disability information management system that will capture and provide detailed information pertaining to (i) the scope and nature of disability in the institution ii) disability services available and how to access them iv) disability hot-line for complaints and emergencies v) disability academic progress monitoring and evaluation reports vi) disability assistance and needs programmes. Advertise institutional policies and procedures through awareness campaign programmes. Benchmark policies and procedures with other IHEs. Provide information</p>

			<p>on latest trends and developments in disability issues viii) benchmark disability support programmes with other national and international institutions. Raise disability issues and activities through: i) disability web-site ii) bi-monthly disability newsletter iii) disability hot-line for issues of emergencies, abuses and discrimination.</p> <p>Establish mechanism to ensure accountability, transparency and responsibility pertaining to policy issues in the institution. Subject policies and procedures to constant reviews through open and democratic discussions and dialogues. Ensure that policies are not selectively applied.</p>
	2 Poor support services	2 Barriers emanating from inappropriate and inadequate support services and resources.	<p>2 Establish a structure to deal with psychosocial services.</p> <p>Network with counsellors and therapist to attend to issues such as anxiety, stress, depression, trauma, abuses etc among learners with disabilities.</p> <p>Provide training on use of assistive devices, learner support materials.</p> <p>Provide information using different formats on available services, educational and health promotion programmes as well as emergency contacts to learners with disabilities.</p> <p>Conduct regular induction on new policies, physical surrounding, career choice and opportunities etc.</p>

7.6 FORMULATION OF THE GUIDELINES FOR THE APPROPRIATE ACCOMMODATION OF LEARNERS WITH DISABILITIES AT IHEs IN SOUTH AFRICA

This section presents the guidelines for the appropriate accommodation of learners with disabilities at IHEs in South Africa. The development of the guidelines is informed by a wide range of literature and the findings of the study which investigated the challenges and needs of the learners with disabilities in an inclusive IHE. In addition, the formulation of the guidelines is also informed by the conceptual and theoretical frameworks used in the study. The guidelines are developed from the key areas of the findings of the study in line with the relevant elements of the Social Model of Disability, the Inclusive Education Model and the Huitt's Transactional Model of Teaching and Learning.

Therefore, ten guidelines have been developed from the exercise and are presented below under each key area of challenges and needs resulting from the findings of the current study. Each guideline is preceded by an objective and appears under the relevant element of the models used for this study.

7.6.1 KEY AREA 1: Guideline to improve the management of disability issues in the learning environment

7.6.1.1 Barriers emanating from inappropriate and inadequate support services and resources at IHEs

Objective: *To ensure that reasonable provision is made through personal and social assistance programmes to mitigate the impact of disabilities in the learning environment*

- On admission to IHEs all learners must provide information on the type of impairments they have, including their challenges and needs.
- Ensure that all learners with disabilities complete medical questionnaire and receive medical checkup periodically.
- Ensure that there are adequate medical supplies in the disability unit under the supervision of a qualified nurse.

- Establish a team within the Disability Unit that will be responsible for social and health needs for learners with disabilities.
- Carry out regular checks and report on health conditions and wellbeing of learners with disabilities and to educate learners on how to cope with their disabilities.
- Liaise with paramedics, health and allied health practitioners etc who will be invited to respond to disability related emergencies.
- Provide on-going psychosocial support and encouragement.
- Provide social assistance programmes in the form of funds and equipments to alleviate the impact of disability and to enhance their quality of life.

7.6.1.2 Barriers emanating from societal attitudes leading to discrimination, negative attitudes and stereotyping of differences at IHEs

Objective: *To promote awareness about disability issues among the members of the university community*

- Re-align institutional vision to reflect open door policy of inclusivity, equal access and equity in line with the spirit of *Ubuntu* (humanness).
- Develop policies and procedures to educate the wider university community about the needs and issues of learners with disabilities.
- Provide in-service training for all academic and non-academic staffs on government policies and legislations regarding management and accommodation of disability issues in the institutions.
- Sensitise staffs, departments and learners about grievance procedures with respect to unfair treatment of learners with disabilities.
- Acknowledge and respect everyone's values, beliefs, strengths and weaknesses.
- Grant special concessions to learners with disabilities during times of long queues at service points e.g. registration, cafeteria.
- Promote campaigns against stigmatisation, discrimination, stereotyping of learners with disabilities.
- Educate the entire university on disability laws and their rights to equal access to education.

- Encourage regular visits from parents, disability organisations, faith-based organisation to give lectures and support to learners with disabilities.
- Encourage interpersonal relationship among learners and staffs.
- Institutional authority must set up complaints management team that must deal firmly with violations of the rights of learners with disabilities.

7.6.2 KEY AREA 2: Guidelines to address academic challenges and needs of learners with disabilities

7.6.2.1 Barriers emanating from inflexible curriculum and methodologies at IHEs

Objective: *To design inclusive curricular programmes and adopt inclusive approaches for teaching, learning and assessment in all faculties*

- Establish departmental policies that must guide teaching, learning and assessments in line with inclusive education principles.
- Ensure that curriculum for all departments is inclusive, flexible and gives all learners equal access and opportunities to learn without lowering academic standards.
- Ensure that the curricula must have clear cut instructional goals, with special remedial arrangements for the more needy learners.
- Encourage non-discriminatory group learning/cooperative learning.
- Lecturers must adopt a variety of lesson presentation formats customised and designed to suit learners with disabilities.
- Identify learners at risk and make provision for remediation to minimise failure and attrition rates.
- Provide alternative assessment strategy in terms of time, format, etc.
- Ensure that learners receive explanatory and diagnostic feedback from staffs as well as follow-ups after every assessment.
- Ensure that learning spaces are suitable and conducive for every learner.
- Encourage learners with disabilities to capture lessons using any electronic medium.
- Ensure that mobility and visually impaired learners have their timetable scheduled to minimise distance and time between changes of lessons.

7.6.2.2 Barriers emanating from inadequately and inappropriately trained education managers and educators at IHEs

Objective: *To provide professional training for managers and lecturers*

- Heads of units/departments must identify the training needs of all academic staff in terms of management of diversity in classes, subject content and methodology, professional ethics, inter-personal communication and ensure that every one attends.
- Establish departmental appraisal team that will monitor and evaluate academic staffs' teaching and assessment methodologies.
- Introduce quarterly course and lesson evaluation by learners and address issues raised in the evaluation report.
- Academic staffs must keep learner attendance and tracking records for all learners in their classes.
- Promote healthy working relationship between all learners irrespective of their disability status and their lecturers.
- Establish good and effective information sharing system among learners, staffs and departments or faculties to eliminate suspicion and rumours.

7.6.2.3 Barriers emanating from inappropriate and inadequate support services and resources at IHEs

Objective: *To ensure that learners with disabilities are provided with adequate support materials, services and resources to cope with academic, social and disability related problems*

- Ensure that all learning disabilities and needs are disclosed before admission so that adequate provision is made to meet those needs.
- Establish special learning resource centre that must be responsible for designing and procuring suitable hand-outs, lesson notes, assessment tasks in suitable format as well as audio visual aids and assistive devices for learners with disabilities.

- Ensure that all learners with disabilities gain access to learning centres and are conveniently accommodated in lecture halls, libraries, laboratories, etc.
- Special provision must be made in terms of transport and logistics so that all learners with disabilities are included on field trips, excursions, etc.
- Equip the learning resource centre with modern technological equipment and software that can foster access to academic materials e.g. speech synthesisers, print enlargers, visual tracking devices, etc.
- Ensure that learning materials and assistive devices are timely acquired and suitable for specific disability groups and individuals.
- Make learning venues accommodative and suitable for every learner in terms of learning and teaching aids, lesson delivery and sitting arrangement that take care of learners with disabilities.
- Review all approaches used to address disability needs by getting feedback from learners on their evaluation of services received.

7.6.3 KEY AREA 3: Guidelines to address the marginalisation of learners with disabilities in extra-curricular and social programmes

7.6.3.1 Barriers emanating from inappropriate and inadequate extra-curricular and social programmes at IHEs

Objective: *To promote the full participation of learners with disabilities in extra-curricular and social programmes*

- Make extra-curricular and social programmes as part of broader institutional goal of developing a well-rounded individual.
- Establish extra-curricular and social programme committee with the mandate to promote and organise inclusive extra-curricular and social activities.
- Raise awareness about the value and importance of extra-curricular and social activities especially in the lives of learners with disabilities. These values must include: social interaction, competition, skill development, health promotion, etc.
- Expand the range of extra-curricular and social activities to include: sports, games, music, art, culture, religious activities, athletics, social club activities e.g. volunteer services, etc.

- Develop and provide the necessary equipment, spaces and funds for the development of the wide range of sporting and social programmes.
- Acknowledge that in-door games such as video/electronic games, playing cards etc are very important for the severely disabled learners and provide resources to support and promote them.
- Ensure that hostels are provided with in-door game equipment for learners with disabilities.
- Establish social collaboration programmes that will promote linkages and networking between learners with disabilities and other institutions, disability support groups/organisations, national and international agencies.
- Ensure that there is proper event planning in terms of convenient transport and logistics for learners with disabilities prior to undertaking sporting and social trips outside the institution.
- Undertake regular audit of sporting facilities, equipment, grounds to determine accessibility by learners with disabilities.
- Investigate allegations of discrimination promptly and take swift actions.

7.6.4 KEY AREA 4: Guidelines to address environmental challenges and needs

7.6.4.1 Barriers emanating from inaccessible and unsafe built environments at IHEs

Objective: *To make physical environment including infrastructure and facilities more accessible for learners with disabilities*

- Conduct environmental and facility induction for all learners with disabilities immediately on admission.
- All facilities including lecture venues, library, ablution blocks, grounds, sporting facilities and residences must be adapted to suit the needs of learners with disabilities.
- Provide easy access routes and shaded pathways to lecture halls, cafeteria, etc on campus.

- Conduct regular inspection to know the state and conditions of facilities such as doorways, lifts, stairs, ramps, toilets, water faucets, and the setups in lecture halls and hostels.
- Guard against the abuse of designated disabled facilities e.g. parking, ablution facilities by non-disabled people.
- Conduct periodic audit of physical environment and facilities for their suitability and availability for learners with disabilities.

7.6.4.2 *Barriers emanating from unhealthy and unsafe living conditions and environments at IHEs*

Objective: *To promote healthy and safe living condition and environment for learners with disabilities in IHEs*

- Establish environmental safety committee to play a monitoring and evaluation roles of maintenance and cleaning services departments with the mandate to ensure environmentally friendly and safe institutions.
- Review the duties and functions of the maintenance and cleaning services departments.
- Conduct weekly environmental inspection of surroundings and facilities to check littering, blocked drainage systems, leaks, faulty systems etc and to ensure that all equipment, drains etc are in good working order.
- Ensure there are workers on standby to provide emergency maintenance services.
- Improve garbage collection and sanitation conditions by ensuring that garbage is collected on daily basis.
- Establish alternative sources of water and power supply to ensure regular supply to meet the needs of everyone.
- Prior warning notices and precautionary measures must be taken when construction and refurbishment are taking place in the institution.
- Give early warning signs for water shortage and power outages and make provision to assist learners with disabilities.
- Educate the entire campus community on health risks associated with littering, unhygienic practices, poor sanitation, etc.

- Supply dustbins and refuse bags on constant basis and service them promptly when they are full.
- Instill in everyone the culture of reporting dangers, leaks, and unhealthy conditions to the environmental safety committee.
- Conduct regular health education and promotion activities.
- Induct all learners with disabilities on safety rules including emergency exit gates.

7.6.5 KEY AREA 5: Guidelines to address policy and support service needs and challenges

7.6.5.1 *Barriers emanating from inadequate policies and legislation at IHEs*

Objective: *To ensure that inclusive policies are formulated to address the problems of academic and social exclusion of learners with disabilities*

- Re-craft institutional vision and mission statements to reflect open door policy of creating an enabling environment for people with disabilities. This will facilitate the progressive realisation of access and equity in the learning environment in line with the principles of Social Model of Disability.
- Develop inclusive policies and procedures to include pertinent issues affecting learners with disabilities e.g. admission, support services, residence for learners with disabilities, academic accommodations, curricular and extra-curricular adjustments, etc.
- Ensure that the policies and procedures have inputs from all role players including representatives from learners with disabilities.
- Disseminate policies and procedures among the entire campus community via university calendar, handbook, catalogues, electronic formats, etc.
- Develop of effective disability information system that will capture and provide detailed information pertaining to (i) the scope and nature of disability in the institution (ii) disability services available and how to access them (iii) disability hot-line for complaints and emergencies (iv) disability academic progress monitoring and evaluation reports and (v) disability assistance and needs programmes.

- Advertise institutional policies and procedures through awareness campaign programmes.
- Benchmark policies and procedures with other IHEs.
- Provide information on latest trends and developments in disability issues viii) benchmark disability support programmes with other national and international institutions.
- Raise disability issues and activities through:
 - disability web-site
 - bi-monthly disability newsletter
 - disability hot-line for issues of emergencies, abuses and discrimination
- Establish mechanism to ensure accountability, transparency and responsibility pertaining to policy issues in the institution.
- Subject policies and procedures to constant reviews through open and democratic discussions and dialogues.
- Ensure that policies are not selectively applied.

7.6.5.2 Barriers emanating from inappropriate and inadequate psychosocial services and resources at IHEs

Objective: *To improve quality of support services to learners with disabilities at IHEs*

- Establish a structure to deal with psychosocial services.
- Network with counsellors and therapist to attend to issues such as anxiety, stress, depression, trauma, abuses etc among learners with disabilities.
- Provide training on use of assistive devices, learner support materials.
- Provide information using different formats on available services, educational and health promotion programmes as well as emergency contacts to learners with disabilities.
- Conduct regular induction on new policies, physical surrounding, career choice and opportunities, etc.
- Organise health and wellness activities to promote healthy lifestyle and healthy inter-learner relationship between learners with disabilities and their non-disabled counterparts.
- Solicit sponsorships to support needy learners with disabilities.

7.6 EVALUATION OF THE GUIDELINES

Evaluation is the process of determining the value, significance or worth of something by following some appraisal procedures (Chambers Dictionary 2006:520; Moleki 2008:175). The guidelines were evaluated using the four evaluative criteria outlined by Chinn and Kramer (2008:237). These criteria are clarity, simplicity, generalisability and importance.

7.7.1 Clarity of the guidelines

The guidelines were clear, precise and concise. In terms of semantic clarity and consistency, all concepts were clearly defined and consistently used throughout the guidelines. This was done through review by peers and members of staff of the Disability Unit in the study setting. Their feedback and comments were used to ensure clarity. Furthermore, structural clarity, consistency and flow were ensured by linking the element of the models (Social Model of Disability, Inclusive Education Model and the Huitt's Transactional Model) with the key areas of challenges and needs and the recommended activities of the guidelines.

7.7.2 Simplicity of the guidelines

The guidelines are crucial to ensuring that learners with abilities are appropriately accommodated in their learning environment so that true integration is achieved. To achieve this, the guidelines must be simple and user-friendly. This was done by first ensuring that the guidelines were preceded by a summary table/matrix (Table 7.2) depicting all aspects of the guidelines which included the relationships between the concepts and the key elements of the models used.

7.7.3 Generalisability of the guidelines

Generalisation refers to the scope of the concepts and the purpose of the guidelines (Chinn & Kramer 2008:237). Although, it was stated in section 6.9 of chapter 6 that the quantitative approach used in this study could minimise the generalisation of the findings to other IHEs in South Africa, it was equally acknowledged that the developed

guidelines based on the findings of this study could have implications for other institutions as well. Disability is a multi-dimensional phenomenon and its management therefore, requires a multi-dimensional approach. Since learning disability is a challenge to all stakeholders in education, guidelines such as the ones developed in this study can be a useful resource in addressing disability issues in many different educational situations and also in different settings including pre-tertiary institutions and special schools for learners with disabilities.

7.7.4 Importance of the guidelines

The issue of accommodating people with disabilities in all spheres of social life is not only a human rights issue, but it has also become a policy and legislative imperative. For learners with disabilities, besides having to cope with the trauma of a disability which may be mild, moderate, severe or profound, they also do face challenges in terms of gaining physical access to infrastructure and other much wider access issues pertaining to the curriculum, teaching, learning, assessment, progression and social integration in inclusive IHEs (Tinklin et al 2004:2; Obiozor et al 2010:127). Hence, to ensure inclusivity of these learners in the learning environment, the guidelines provide useful guides and information to staffs, institutional managers and policy makers in their effort to ensure that reasonable adjustments are made to accommodate learners with disabilities at IHEs. The guidelines can be adapted to suit the needs of departments such as health, labour, and the Department of Women Children and People with Disabilities. Above all, through the implementation of these guidelines, learners with disabilities will feel valued and will share the sense of belonging with other diverse groups of people.

7.8 IMPLEMENTATION OF THE GUIDELINES

7.8.1 Preambles

Learning disability is not static; its effects may change in relation to environment, time, type of resources available, policies and other factors. It must be understood that learners with disabilities are not a homogenous group, but have a wide range of needs, expectations, interests and circumstance that impact on their quality of life. Different types of impairments dictate different needs in different educational settings, hence, it is

impossible to adopt a one-size-fits all approach. Against this background, the researcher presumes that there will be exceptions in some learning environments which may warrant deviations from the recommendations provided in these guidelines.

7.8.2 Guidelines implementation process and tool

The final stage of guideline development revolves around its implementation and to ensure that the target group (recipients) is indeed accommodated in IHEs (context) by the role players (agents). In South Africa, the major stakeholder in education is the government which places a high premium on disability in educational institutions. Though the Department of Education (Department of Basic Education and Training and Department of Higher Education and Training) is not obliged to adopt the guidelines, the importance of these guidelines cannot be overemphasised. Already in South Africa, there are policy initiatives and Acts on the ground to assist in the process of the guidelines implementation. The approach to implementation of the guidelines will involve raising awareness on crucial elements of the guidelines among committees and bodies such as:

- Members of the health and safety committee established under the Occupational Health and Safety Act 85 of 1993 (South Africa (Republic). Department of Labour 2004:13).
- Members of the health advisory committee established under Section 13 of the National Education Policy Act 27 of 1996 (Education Labour Relations Council (ELRC) 2003:A-20).
- Members of the governing bodies established in terms of Section 16 of the South African Schools Act 84 of 1996 (ELRC 2003:B-11).

In addition, awareness about pertinent issues in the guidelines will also be raised among the members of the portfolio committee of the Department of Women, Children and People with Disabilities (DWCP) as well as disability formations such as Disabled People South Africa, Deaf Federation of South Africa (DEAFSA), South African National Council for the Blind (SANCB), etc.

The goal of appropriately accommodating learners with disabilities is to ensure that they fully participate in all learning and social programmes without any let or hindrances, and

in addition, they should be accorded the opportunity to meet their individual potential (Human Rights Commission 2007:9).

Since the appropriate accommodation of learners with disabilities is the key underpinning the implementation of the guidelines, the researcher adopted a model (Figure 7.1) to guide the implementation of the guidelines.

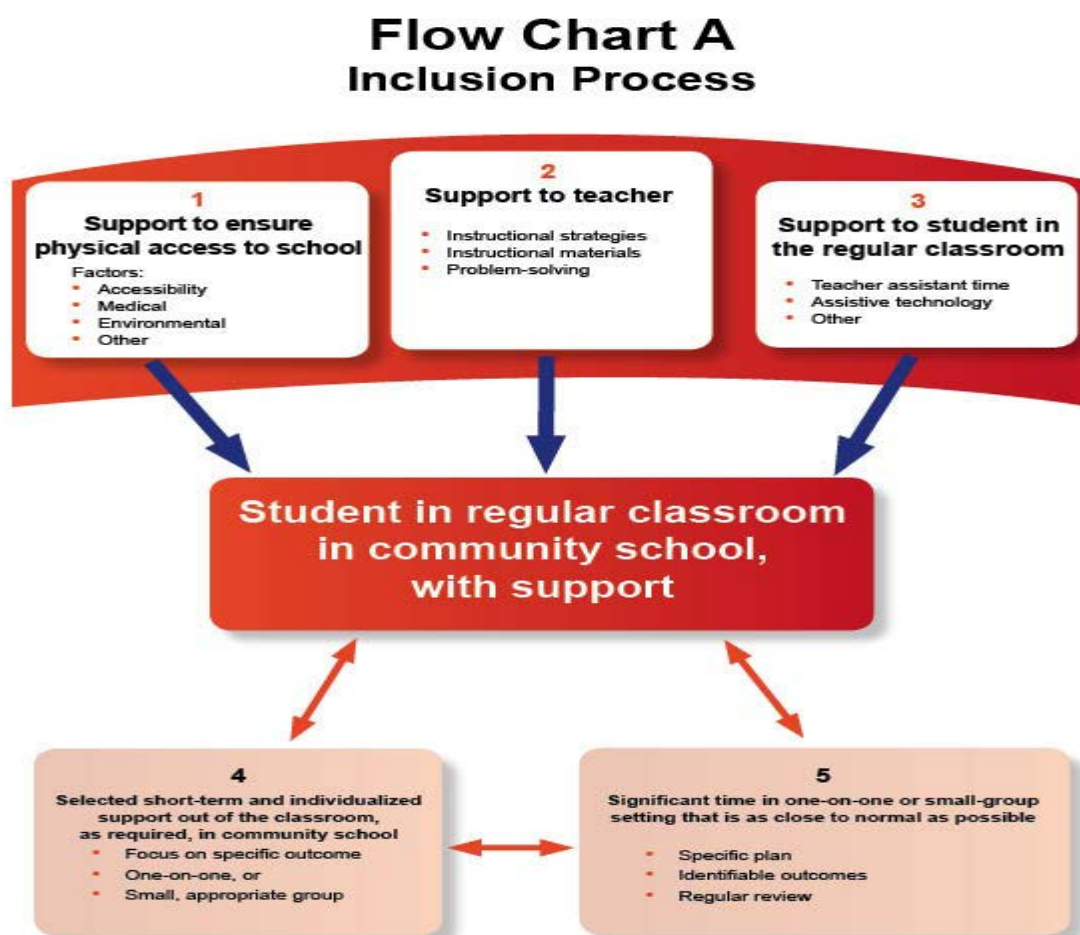


Figure 7.1: Inclusion process to accommodate learners with disabilities
(Adopted from Human Rights Commission 2007:18)

The model in Figure 7.1 is to be used as an implementation tool for the guidelines. As shown in the flow chart, appropriate accommodation of learners with disabilities requires educational system that:

- Supports and ensures access and equity in the learning environment in line with the Social Model of Disability.
- Supports the educators to be able to carry out their functions in the most professional manner in line with the Inclusive Education Model.
- Supports the learner in the learning space in line with the Huitt's Transactional Model of Teaching and learning.

In addition, the model also recommends giving individualised support to learners with disabilities beyond the classroom setting in order to achieve total inclusion.

7.8.3 Guidelines dissemination plan

The guidelines would be made accessible to all stakeholders in education. This will include learners with disabilities and other learners, parents, policy makers, Disability Units, institutional managers including disability organisations. It will also be accessed from university libraries, publications in accredited journals and UNIVEN and UNISA websites. Research paper on the guidelines will be presented at seminars, national and international conferences, and copies of the guidelines will be distributed during conferences, workshops, and seminar presentations. A research paper on the guidelines will also be published in a relevant local peer reviewed scientific journal.

7.9 CONCLUSION

This chapter discussed in detail the development of guidelines for the appropriate accommodation of learners with disabilities in the learning environment of IHEs. The guidelines sought to create an enabling educational environment that would ensure the full participation of learners with disabilities in the academic and social life of institutions of higher education. These guidelines have come at a crucial time when many nations have started taking serious views of disability issues in keeping with human rights and legislative imperatives. Strict adoption and adherence to these guidelines would surely enhance the quality of life of the target group in IHEs. Above all, the developed

guidelines will serve as an important resource material for IHEs to use in developing inclusive policies in line with dictates of the Social Model of Disabilities as well as the Inclusive Education Model.

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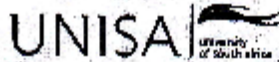
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ANNEXURE 1

**Ethical Clearance Certificate from the
University of South Africa**



**UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
(HSHDC)
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE**

Date of meeting: 30 June 2011 Project No: 0765-705-6
Project Title: Experiences and needs of students with disabilities in a higher education institution in Limpopo province, South Africa.
Researcher: Augustine Kwame Tugli
Degree: D Litt et Phil Code: DPGHS04
Supervisor: Prof LI Zungu
Qualification: D Litt et Phil
Joint Supervisor:

DECISION OF COMMITTEE

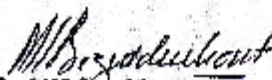
Approved



Conditionally Approved




Prof. E. Potgieter
RESEARCH COORDINATOR


Prof MC Bezuidenhout
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

ANNEXURE 2

**Ethical Clearance Certificate from the
University of Venda**

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:

MR TUGLI AK

PROJECT TITLE: EXPERIENCES AND NEEDS OF STUDENTS WITH
DISABILITIES IN A HIGHER EDUCATION INSTITUTION IN LIMPOPO
PROVINCE, SOUTH AFRICA

PROJECT NO: SHS/11/PH/06/E 0811

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Mr. Tugli AK	School of Health Sciences	Principal Investigator

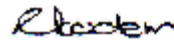
I

ISSUED BY:
UNIVERSITY OF VENDA, HEALTH, SAFETY AND RESEARCH ETHICS
COMMITTEE

Date Considered: 30 August 2011

Decision by Ethical Clearance Committee Granted

Signature of Chairperson of the Committee:



Name of the Chairperson of the Committee: Prof. C.V. Nikodem



University of Venda

PRIVATE BAG X0550, TLOHOYANDOU, 09501, LIMPOPO PROVINCE, SOUTH AFRICA
TELEPHONE (015) 962 8604/8484 /8313 FAX (015) 962 3436

"A quality driven financially sustainable, rural-based Comprehensive University"

ANNEXURE 3

**Permission to Conduct the Research:
Director of Students Affairs**

OFFICE OF THE DIRECTOR STUDENT AFFAIRS
2011-09-28
RECEIVED
UNIVERSITY OF VENDA

Department of Public Health
University of Venda
P/Bag X 5050
Thohoyandou
0950
27-09-2011

TO: The Director of Students
University of Venda.
P/Bag X 5050
Thohoyandou
0950

noted
This matter is referred
to Dr C Ndebele
Acting Director: CHETL
28/09/2011

Dear Sir/Madam,

RE: PERMISSION TO CONDUCT RESEARCH

I am a lecturer in the Department of Public Health, University of Venda. I am a registered PhD student at the University of South Africa (UNISA).

I wish to apply for permission to carry out a study on the **experiences and needs of students with disabilities in a higher education institution in Limpopo province, South Africa.** This is part of the requirement for my D Litt et Phil degree in Health Studies. This project is funded by the **UNIVEN Research and Publication Committee (RPC).**

To ensure the highest quality of education for disabled students and their full integration into higher education culture, there is the need to learn about their personal experiences and challenges encountered in the pursuit of their education.

It is my hope that the findings from this study will assist in understanding how living with disability as a student entails in higher institution. Furthermore, the findings of the study will be disseminated to all stakeholders in education so that the data inform the development of policies, programmes and practices to improve the quality of life of students living with disabilities.

I shall be very pleased if you can grant me the permission to carry out the study. Should you have any queries, please do not hesitate to contact me, my promoter the director of research (UNIVEN) on the contact details provided below.

Regards,

Tugli AK
Tugli AK. (Researcher: 083 794 0174, tugli.augustine@univen.ac.za)

(8723)

Prof. LI. Zungu (Promoter: 012 429 2058 or 083 325 4150)

Prof. CV. Nkodem (Research and Innovative Director: cvn@univen.ac.za)



Approved subject to the submission of a copy of the findings and ...

ANNEXURE 4

Informed Consent: Respondents

ANNEXURE 4: INFORMED CONSENT FORM

I _____ understand that I have the right to revoke this authorization and withdraw from this study at any time. Furthermore, I do understand that:

- all information pertaining to this study will be treated in strict confidence and there will be no disclosure of names or identity of any respondent.
- the information obtained from this study is for the sole purpose of research and the development of guidelines for the accommodation of learners with disabilities in the learning environment.
- the study will involve the filling in of a questionnaire which will take place at the University of Venda.
- during the study, each respondent will answer a series of questions relating to demographic, academic, and social aspects of disabled students' lives, etc.

In the light of this, I hereby volunteer to participate in the study and grant the researcher/research team permission to contact me for the purpose of collecting data.

RESPONDENT'S SIGNATURE: _____ DATE: _____

RESEARCHER'S SIGNATURE: _____ DATE: _____

PROJECT LEADER: TUGLI AK (E-mail: Tugli.augustine@univen.ac.za; Cel: 0837940174)

ANNEXURE 5

Data Collection Instrument for Learners with Disabilities

ANNEXURE 5: DATA COLLECTION INSTRUMENT

SURVEY QUESTIONNAIRE

INSTRUCTIONS:

1. Do not disclose your name or identity on this questionnaire.
2. Answer all the sections to the best of your knowledge.
3. Tick the applicable boxes []
4. Express your comments in the spaces provided

Participant's code:.....

SECTION 1: SOCIO-DEMOGRAPHIC INFORMATION

- 1.1 State your age
- 1.2 What is your gender ? Male []1 Female []2
- 1.3 Your population group White[]1 Black[]2 Indian[]3 Coloured[]4
- 1.4 What is your religion ? Christian []1 Moslem []2 Others []3 specify.....
- 1.5 Are you a South African Citizen ? Yes []1 No []2. If No specify.....
- 1.6 The province you come from Limpopo[]1 Mpumalanga[]2 Gauteng[]3
KZNatal[]4 North West[]5 Free State[]6 W. Cape[]7 N. Cape[]8
E. Cape[]9 Others[]10 specify.....
- 1.7 State your municipality/district.....
- 1.8 Your marital status: Married[]1 Single[]2 Divorced[]3 Others[]4
specify.....
- 1.9 How many children do you have? None[]1 One[]2 More than One[]3
- 1.10. Whom do you depend on for your living in your family? Mother[]1 Father[]2 Both
Mother & Father[]3 Others []4 specify.....
- 1.11. Do you receive disability grant? Yes[]1 No[]2
- If No give reasons why.....
- 1.12. Those whom you depend on for your livelihood how is their economic status?
- Very Poor[]1 Poor []2. Moderately well to do []3 Rich []4
- Very Rich []5

1.13 What is your hobby(leisure activity)?

SECTION 2: DISABILITY STATUS

Mark which disability categories best describe your condition (tick as many as apply)

2.1 Totally Blind		1
2.2 Partially Sighted		2
2.3 Albinism		3
2.4 Hearing Impaired		4
2.5 Bipolar Mood Disorder		5
2.6 Epilepsy		6
2.7 Physically Disabled (No support equipment)		7
2.8 Physically Disabled (Wheel chair bound)		8
2.9 Physically Disabled (Clutches)		9
2.10 Communication impairment		10
2.11 Intellectual/mental		11
2.12 Dyslexia		12
2.13 Unseen disability (asthma, diabetes etc)		13
2.14 Autism		14
2.15 Others (Please specify.....)		15

2.16 Were you born with your disability condition? Yes[]1 No[]2

Partly Yes/No []3. Explain.....

2.17 Do you have worries about your disability? Yes[]1 No[]2 Explain.....

2.18 Do you have any doubt about achieving your dream and aspirations in life?

Yes []1 No[]2 Explain.....

2.19 Does your disability need regular medical attention? Yes[]1 No[]2 Explain.....

2.20 Can you perform daily routine activities (eg washing, making your bed, wearing your clothes...) without the assistance of someone? Yes []1 No[]2

Explain.....

2.21 Is the physical environment well adapted to suit your disability needs without restricting your participation in outdoor activities and social life? Yes[]1 No[]2
Explain.....

SECTION 3: EDUCATION

3.1 Where did you have your Secondary Education?

Special School (Disabled only) []1 Regular School (Inclusive/open)[]2

Others []3 please specify.....

3.2 Which course are you studying in the tertiary institution?

UNDER GRADUATE			POST GRADUATE			
Certificate	Diploma	Degree	Post graduate diploma	Honours	Masters	Doctorate
1	2	3	4	5	6	7

3.3 Which school are you enrolled in for your qualification in this institution?

Agric, Rural Dev. & Forestry	Education	Environ. Science	Health Sciences	Human & Social Sciences	Law	Mangt. Sciences	Math & Natural Sciences
1	2	3	4	5	6	7	8

3.4 In which year did you enroll for the present course?

3.5 What are your major subjects/modules for the qualification?.....

.....
...

3.6 At what level/year are you?.....

3.7 How many times have you repeated a course or a module?

Never repeated []1 Once []2 Twice []3 More than twice []4

SECTION 4: LEARNING ENCOUNTERS/CHALLENGES

Against each statements, tick either “True” or “False” that best suits your learning encounters/challenge and explain your answer in the spaces provided.

STATEMENTS	True 1	False 2	Explain
4.1 My disability made it difficult for me to get admission to a tertiary institution.			
4.2 My disability limits my choice of courses in the institution			
4.3 My disability poses a barrier during lectures with non-disabled students			
4.4 Non-disabled students consider my disability as a drawback to their learning in class			
4.5 My disability affects my attending seminars, tutorials, presentations, library, laboratory and field trips etc.			
4.6 Lecture notes, handouts etc are suitable because of my disability			
4.7 Lecturers use teaching aids to assist me because of my disability			
Special/remedial classes are often organized to assist the disabled students			
4.8 Lecturers are very flexible in their teaching methods because of disabled students in the classes			
4.9 Lecturers are trained to handle disabled students' issues to our satisfaction.			
4.10 Some lecturers ignore disabled students during lectures			
4.11 Disabled students are disadvantaged when it comes to assessment tasks and exams			

4.12 Assistive devices and technological equipment are adequate for our learning needs as disabled students			
4.13 Lecturers do follow-ups on disabled students when we are not coping academically			
4.14 Lecturers do follow-ups when I am unable to attend lectures due to my disability			
4.15 Special arrangements are made to accommodate disabled students during, fieldtrips and other extracurricular activities that pose challenges to our disabilities			
4.16 The physical environment constitute a great barrier in my learning as a disabled student			
4.17 The physical environment makes disabled students vulnerable to dangers.			
4.18 Lecture halls, laboratories/libraries etc are suitably adapted to suit my disability.			

SECTION 5: ENVIRONMENTAL AND FACILITY ASSESSMENT

Rate the followings as they impact on your mobility, accessibility and participation in day to day activities. Eg. **1= very poor 5=very good**

AREAS	Very Poor 1	Poor 2	Fair 3	Good 4	Very good 5	Comments
5.1 Physical environment, geography etc						
5.2 Buildings- internal & external designs						
5.3 Residences/dormitories						
5.4 Disability facilities- toilets, beds, ramps, guides, parking, baths.						
5.5 Safety, security- danger warning						

signs and protection						
5.6 Sanitation/hygiene						
5.7 Disabled sporting/recreational facilities						

SECTION 6: EXPERIENCES OF SUPPORT/SERVICES RECEIVED

Rate the Services, assistance and support received from the various groups that add to your experience and challenge as a disabled student. Use the following rating scale:

1 =No support, 2 =Poor, 3 =fair, 4 =Good, 5 = Very Good

SERVICES/SUPPORT	1	2	3	4	5	Comments
6.1 Academic staff						
6.2 Administration staff						
6.3 Hostel staff						
6.4 Cafeteria services						
6.5 General assistants eg cleaners..						
6.6 Disability Unit Staff						
6.7 Family members						
6.8 Assistive facility/IT staff						
6.9 Non-disabled peers and colleagues						
6.10 Counseling services						
6.11 Student financial support						
6.12 Student council						
6.13 Disability welfare groups						
6.14 Emergency/medical/paramedic teams						
6.15 Grievance redress services						
6.16 Career guidance/orientation						
6.17 Physical environment induction						
6.18 Health Care Promotion teams and visits						
6.19 Rehabilitation/therapeutic services						

SECTION 7: PSYCHOSOCIAL EXPERIENCES/CHALLENGES

Indicate either “YES” or “NO” in spaces provided that best describe your encounter as a student living with disabilities in the university.

SOCIAL PROBLEMS ENCOUNTERED/EXPERIENCED	YES 1	NO 2	Explain
7.1 Physical abuse			
7.2 Verbal abuse			
7.3 Sexual harassment			
7.4 Rape			
7.5 Exploitation/unfair treatment			
7.6 Discrimination/stigmatization			
7.7 Threats			
7.8 Safety/security fears			
7.9 Isolated by nondisabled			
7.10 Feeling depressed and self-pity			
7.11 Do you have anyone you often confide your problems in?			
7.12 Do you enjoy any special privileges as a result of your disability in the institution?			
7.13 Are disabled students represented in the general student formations eg SRC, university choir ?			

SECTION 8: KNOWLEDGE ABOUT DISABILITY RIGHTS

Indicate either “YES” or “NO” in spaces provided.

DO YOU KNOW ABOUT THE FOLLOWING DISABILITY RIGHTS?	YES 1	NO 2
8.1 Right to social grant		
8.2 Right not to be discriminated against		
8.3 Right of self-representation and resources provided to assist you		
8.4 Right to health and rehabilitation		
8.5 Right to main stream education		
8.6 Right to employment and assistance to be self-engaged		

8.7 Right to engage in sports and recreational activities and resources		
8.8 Right to accessible and affordable housing		
8.9 Right to affordable and adequate transport		
8.10 Right to have built environment transformed to be disability user friendly		
8.11 Right not to be abused including women and children		
8.12 Right to communicate freely and assisted with assistive devices		
8.13 Right to participate in social life and relationships		

SECTION 9: COMPARISON OF TERTIARY & PRE-TERTIARY EXPERIENCES

Compare your experiences, challenges and barriers encountered at both tertiary and pre-tertiary educational systems over a range of areas by stating whether the following statements are “True” , “False” or “ The Same”

STATEMENTS	TRUE 1	FALSE 2	THE SAME 3
9.1 Social life(making friends etc) is more enjoyable in this university than in my secondary school			
9.2 Support received from my relatives/family members is better in the university than in secondary school.			
9.3 Level of Support received from staffs in the university is better than in the secondary school			
9.4 Teaching and Learning support materials are better and more sufficient in the university than in the secondary school.			
9.5 I enjoy and participate more in recreational, sporting and other social and cultural activities in the university than in the secondary school			
9.6 Learning environment, physical structures and learning/teaching facilities are easier to access in the university than in secondary school.			
9.7 I feel happier, more respected and better treated by my colleagues in the university than in the secondary school.			
9.8 I received better treatment and care from my teachers in the university than in the secondary school.			

9.9 Level of violence, abuses, stigmatization and discrimination are more common in the university than in secondary school.			
9.10 Disability facilities are better in the university than in the secondary school.			
9.11 Inclusive education as practiced in the university is better for me than exclusive education (special schools).			

SECTION 10: OTHER ENCOUNTERS/EXPERIENCES AND NEEDS (OPEN ENDED QUESTIONS)

1. What are your experiences (challenges and barriers) in this university in terms of the following aspects:

- a. Learning

- b. Teaching

- c. Social Life

- d. Extracurricular activities

e. The curriculum(the course modules)

f. Learner support materials and assistive devices for your disability

2. What are your needs that the university should provide in terms of the following aspects:

a. Learning

b. Teaching facilities

c. The curriculum(the course modules)

d. Social Life

e. Extracurricular activities

f. Policies

g. Services

3. What other recommendations/comments do you have that will promote the quality of academic and social life for students living with disabilities?

SECTION 11: SOCIAL GRANTS

11.1 What type of social grant(s) do you receive?

1. Disability grant	2. Child support grant	3. Foster child grant	4. Others (specify).....

11.2 State how much is paid/received under each social grant for you?

1. Disability grant	2. Child support grant	3. Foster child grant	4. Others (specify).....
R.....	R.....	R.....	R.....

11.3 Through which method is the social grant paid?

1. Cash pay point	2. Through the Bank	3. Through the Post office	4. Others (specify).....

11.4 Whom are the social grant(s) paid to on your behalf?

1. Myself	2. Mother	3. Father	4. Others (specify).....

11.5 Is the social grant managed and controlled by you?

Yes [] 1 No [] 2 .

If No explain why and whether you are satisfied with this

arrangement.....

.....
.....
.....
.....

11.6 Assess the impact the social grant makes in satisfying your needs area by ticking the appropriate space

Needs Area	Too little	Little	Enough	More than enough	Explain your choice
1.Basic daily needs eg food, clothing.....					
2.Service providers eg care givers-those who help/assist you to go about your daily life.					
3.Basic Educational Needs eg learning needs					
4. Assistive device needs& maintenance eg hearing aids, crutches...					
5.Health needs eg visit to specialist,					
6.Social/recreational needs eg entertainments, pleasure trips					
7. Others (specify).....					

11.7 OTHER GRANTS/AIDS

Tick other grants/aids you receive as a student with disability

1.Student study Aids	2.Medical Aid	3. Others (Specify).....

11.8 State what you do to earn extra income to supplement your grant:

.....

.....

.....

.....

.....

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.....

11.9 Give your comments/suggestions on social grants and other aids for students with disabilities:

.....

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.....

.....

.....

.....

THANK YOU FOR PARTICIPATING IN THIS STUDY